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CHANGING FORMS AND CAUSES OF PULMONARY INSUFFICIENCY IN PRESENT ERA OF MEDICINE

Israel Rappaport, M.D.
and
Edgar Mayer, M.D., New York

The incidence of insidious protracted development of pulmonary insufficiency is increasing, due to the delayed effects of pulmonary infections attenuated by chemotherapy, and to the cumulative effects of inhaled air pollutants. We are not dealing with complicating infections but rather, the signs and symptoms observed are the manifestations of pulmonary insufficiency itself. Pulmonary insufficiency implies disturbances in the autonomic functions of the structures at the bronchioloalveolar junctions. The exact nature of these functions is not known, but there is ample evidence that they are essential to normal distribution of ventilation and circulation throughout all parts of the lungs. The disturbance of this critical function implicated in pulmonary insufficiency may best be designated by the least prejudicating term of "bronchioloalveolar dysfunction."

AN OUTSTANDING new aspect of chronic pulmonary disease is the present rising mortality from cor pulmonale now chiefly attributed to chronic bronchitis and emphysema. Current experience indicates also a rising incidence of the latter and a change in the etiology of both. This present increase of bronchitis and emphysema comes from two new sources, namely, pulmonary damage from infectious diseases attenuated by modern chemotherapy and pulmonary damage from the effects of increased air pollution.

While the clinical picture leading to cor pulmonale is now often discussed in such terms as bronchial spasm, pulmonary insufficiency, and pulmonary hypertension, it is in general referred to as chronic bronchitis and/or emphysema. The latter are spoken of as specific disease entities and are looked upon as the primary causes of cor pulmonale by reason of mechanical obstruction to ventilation and circulation which they are presumed to create in the chest.

It is our belief that the clinical picture leading to cor pulmonale is now misinterpreted as chronic bronchitis and/or emphysema. This has resulted not only in confusion regarding the criteria of the latter —but also in a misunderstanding of the nature of pulmonary insufficiency as well as of causes of cor pulmonale. In this paper we are offering our interpretation of these conditions which we believe should help to clarify the present confusion.

Clinical Forms of Pulmonary Insufficiency

For over two decades we have observed a large number of patients with a variety of bronchopulmonary diseases, and in many of these we have been able to follow a progression to ultimate pulmonary failure with cor pulmonale. We have observed that, when these patients first began to show signs of pulmonary insufficiency, they all presented the same clinical picture commonly associated with bronchitis and emphysema, regardless of the widely different nature of the primary bronchopulmonary disease which led to the insufficiency. At first we accepted the prevailing view that this clinical picture was due

to complicating respiratory infections. However, with the advent of chemotherapy, when it became possible to control complicating infections, we found that in most cases this had little effect upon the progressive clinical picture. We finally realized that we were not dealing with complicating infections but that the signs and symptoms observed were the manifestations of pulmonary insufficiency itself. Furthermore we observed that, in patients with reduced pulmonary reserve due to past bronchopulmonary diseases, complicating bronchial infections are more apt to arise after onset of pulmonary insufficiency than before. The temporary aggravation of symptoms and signs produced by the complicating infection is readily controlled by chemotherapy with little effect on the previous status of progressive pulmonary insufficiency.

Our clinical experience has led us to recognize three forms of this clinical syndrome: (1) the acute, which occurs in bronchial asthma; (2) the subacute, generally recognized as asthmatic bronchitis; and (3) the chronic, which is now commonly associated with bronchitis and/or emphysema. It has been a long-established fact that there exist fluent transitions between these three forms and that one can go over into the other.[1] The clinical features of all of these include signs and symptoms of bronchial dysfunction and of pulmonary hyperinflation. There is often variable predominance of one or the other, as, the more fixed the overdistended lungs become, the less marked are the bronchial signs (wheezing, rhonchi) and vice versa.

Here we are concerned chiefly with the chronic form of the pulmonary insufficiency syndrome, which may develop on the basis of practically all pulmonary diseases that lead to loss of large parts of normally functioning lung parenchyma. It is particularly frequent in diseases that tend to involve the lungs diffusely, such as fibroses, granulomatoses, and other densely disseminated lesions, regardless of etiology. In most instances the progress of chronic pulmonary insufficiency appears clinically as an insidious and protracted process which may truly simulate chronic bronchitis for long periods of time until manifestations of the fully developed pulmonary insufficiency reveal themselves. Clinical experience also indicates that frequently this clinical syndrome may develop abruptly within a few weeks or months. This is apt to occur particularly in those of middle age after an acute pneumonic or pleuritic process or other medical or surgical condition, or with pulmonary complications of congestive, embolic, or metastatic nature. Here the symptoms of cough and expectoration with progressive dyspnea on effort appear rapidly and concomitantly. Whether of gradual or rapid development, this clinical picture reveals the imminence or presence of lack of pulmonary reserve.

The assumption that the clinical picture of chronic bronchitis and/or emphysema develops on the basis of bronchitis proper dates back to the preantibiotic era when bronchitis often became complicated by recurrent pneumonitic and suppurative processes which often led to destruction and/or fibrosis of much lung parenchyma. The latter then resulted in depletion of pulmonary reserve and so in pulmonary insufficiency which simulates chronic bronchitis and/or emphysema. In the present era of chemotherapy these severe complications of bronchitis proper are usually controlled and their serious sequelae are becoming less frequent. In cases where pulmonary insufficiency develops we must look for reasons of loss of pulmonary reserve other than that of bronchitis proper.

Misinterpretation of Chronic Bronchitis

The term bronchitis refers to an inflammatory process involving mainly the larger branches of the bronchial tree, and rarely extending to the finer bronchioles. This is an exceedingly common clinical as well as autopsy finding. It is a trivial disease for which people usually do not seek medical aid. Innumerable people, especially smokers, go through life indulging in rather than suffering from much cough and expectoration. The sputum consists of inflammatory products, is mucopurulent in character, and is often copious in amount. Chronic bronchitis in the form here described is especially frequent in people of advanced age and as such is not a disabling disease. Disabling chronic bronchitis is said to be due to airway obstruction leading to obstructive emphysema, although it has been a long-known fact that bronchitis is more often the result than the cause of emphysema.[2]

Misinterpretation of Obstructive Bronchitis and Obstructive Emphysema

Prevailing concepts of the interrelationship between bronchitis and emphysema are still based essentially on the old theory of Laennec, namely, that of obstructive bronchitis leading to mechanical overdistention of the lungs. Recently this has been modified to the theory of functional airway obstruction spoken of as "bronchial spasm" or "air-trapping" by disturbance of normal bronchiolar function. Even according to this theory, airway obstruction leading sooner or later to mechanical overdistention of the lungs is the key to the development of emphysema. Bronchitis and emphysema are thus assumed to be inseparably linked as essentially consecutive phases of one and the same clinicopathological process.

In practice this interpretation has led to confusing the criteria that distinguished chronic bronchitis from emphysema. It is not possible to tell when bronchitis ends or when emphysema begins. Characteristic of this confusion is the fact that the same clinical picture described by some as chronic bronchitis is designated by others as emphysema, each

taking for granted the presence of one or the other condition as a complication.[3] Recently the term "bronchospastic disease" was proposed as a way out of this confusion.[4] However, as this new term is interpreted, it is just another name for the same old conditions and refers to variable combinations of bronchitis and emphysema on the same theory of pathogenesis.

It should be noted at this point that there is no factual evidence for the existence of bronchospasm in asthma, bronchitis, or emphysema, as is generally assumed. Nor is there any morphologic evidence of actual obstruction of the bronchial tree. Obstruction to airflow is inferred on the basis of the clinical features, the signs and symptoms of disturbed ventilation of pulmonary hyperinflation, and the viscidity of secretions. Clinically the distinction between obstructive bronchitis and emphysema is generally most difficult. Reliance is now put on functional testing, but the one test believed to be reliable for detecting the presence of emphysema, namely, determination of the over-all diffusing capacity, is still in the experimental stage.[5]

The current trend to discard the term obstructive emphysema in order to properly emphasize obstructive bronchitis as the primary disease is objectionable chiefly because of an implied association with bronchitis proper. There is nothing in the clinical entity of bronchitis as described above which implies that it usually leads to obstructive bronchitis. On the contrary, clinical experience indicates that obstructive bronchitis is more often the result rather than the cause of pulmonary emphysema. Certainly bullous change in emphysema must be considered conclusive evidence of bronchial obstruction, and both this and obstructive bronchitis are sequelae rather than causes of pulmonary emphysema. The presence of pulmonary emphysema is usually revealed first clinically by symptoms and signs due to bronchial obstruction. Extensive emphysematous changes may be present without clinical signs and symptoms which arise promptly upon advent of complicating bronchial obstruction.

The term obstructive emphysema refers to mechanical overdistention of airspaces behind obstructed airways permitting more ingress than egress of air. This is mostly a localized process caused by local involvement of bronchi. It occurs in a great variety of pulmonary diseases, mostly in the absence of emphysema. It often also occurs as a complication of emphysema when localized bronchial complications aggravate the enlargement of airspaces due to emphysema and produce localized bullous changes. In such cases, in the presence of the two combined forms of airspace enlargement, it is often impossible to separate the distending effect of obstructive bronchitis from the emphysema proper (structural defects) which we will discuss later. We have long emphasized the importance of recognizing the enlarged airspaces that are of mechanical origin and chiefly of a localized nature. For these we have proposed the term "airspace disorders." They are frequent clinical findings due to localized obstructive bronchitis, and they occur mostly in absence of emphysema and are often confused with and misinterpreted as such.[6]

From the foregoing it may be concluded that the clinical entity of chronic bronchitis does not imply bronchial spasm; that obstructive bronchitis and obstructive emphysema are clinically indistinguishable from one another; that obstructive bronchitis, contrary to general belief, is usually the effect of obstructive emphysema rather than its cause; and that the effects of obstructive bronchitis are better described as "airspace disorder," which is not to be confused with emphysema proper. Accordingly, if chronic bronchitis does not lead to obstructive bronchitis and if the latter does not lead to emphysema proper, then the question naturally arises as to what is the nature of the clinicopathological process leading to pulmonary insufficiency and cor pulmonale.

Manifestations of Pulmonary Insufficiency

The basis for the above-described confusion lies, we believe, in wrong interpretation of the manifestations of pulmonary insufficiency as those of chronic bronchitis. In fact we lack proper terms for these evidences of functional disturbance simply because we are ignorant of the true nature of the autonomic functions of the lung structures; also because disturbance of these functions, as revealed by symptoms and signs, is now misinterpreted as bronchial spasm and is assumed to be manifestations of obstructive bronchitis and emphysema.

Bronchioloalveolar Dysfunction.—We believe it to be a reasonable assumption that pulmonary insufficiency implies disturbances in the autonomic functions of the structures at the bronchioloalveolar junctions. The exact nature of these functions is not known, but there is ample evidence that they are essential to normal distribution of ventilation and circulation throughout all parts of the lungs. The disturbance of this critical function implicated in pulmonary insufficiency may best be designated by the least prejudicating term of "bronchioloalveolar dysfunction." The clinical symptoms and signs suggest that it includes increased bronchomotor and bronchosecretory activity manifesting themselves in chronic cough and expectoration. These symptoms are common with bronchitis, hence the confusion with the latter. Also bronchioloalveolar dysfunction is associated with progressive pulmonary hyperinflation which is at first reversible but later becomes irreversible. Progressive dyspnea then becomes a prominent symptom. The combination of irreversible pulmonary hyperinflation with bronchioloalveolar dysfunction is what we clinically recognize as pulmonary emphysema. In other words, clinically, emphysema becomes recognizable only by these

symptoms of bronchioloalveolar dysfunction. Bronchioloalveolar dysfunction also includes disturbed regulation of circulation from the double blood supply of the lungs, which, as will be shown later, plays a predominant role in cor pulmonale.

Emphysema proper is neither a morphologic nor a clinical entity in the strict sense. Morphologically the term refers to enlargement of airspaces due to loss of alveolar structures, i. e., confluence of alveoli due to loss of septal partitions. Clinically the term refers to pulmonary hyperinflation. In fact, airspaces of the lungs affected by loss of alveolar structures are subject to overdistention due to the exaggerated effect of thoracic traction upon these affected airspaces. But this exaggeration of thoracic traction becomes effective only where the loss of alveolar structures is sufficiently extensive so as to result in lack of pulmonary reserve in the lobe or lung as a whole. This implies pulmonary insufficiency, the nature of which will be discussed next. Under these circumstances, as explained above, pulmonary hyperinflation and bronchioloalveolar dysfunction become manifest as a result of pulmonary insufficiency. It will bear repetition to emphasize the following facts: Bronchioloalveolar dysfunction with pulmonary hyperinflation produces the clinical signs and symptoms of emphysema, i. e., clinically emphysema becomes recognizable only by the signs and symptoms due to bronchioloalveolar dysfunction and pulmonary hyperinflation which develop because of pulmonary insufficiency, indicated also by onset of progressive dyspnea.

Pulmonary Insufficiency.—Pulmonary insufficiency is a term most logically applied to what is now generally spoken of as lack of "pulmonary reserve." Development of pulmonary emphysema due to lack of reserve of normally functioning lung is now commonly observed clinically after surgical resections of large parts of the lung (lobectomies, pneumonectomies). It has become accepted usage to speak of "lack of pulmonary reserve" in the remaining parts of the lungs as the cause of the ensuing emphysema. This is a notoriously unpredictable event which clinical experience has proved to be related to an as yet undefined factor and definitely unrelated to the apparent extent (amount) of remaining lung parenchyma (as estimated by x-ray appearance). Lack of "pulmonary reserve" in the sense just described is the essence of pulmonary insufficiency which, when it manifests itself in bronchioloalveolar dysfunction with pulmonary hyperinflation, produces the clinical picture of chronic bronchitis and/or emphysema.

There are three types of reduced pulmonary reserve. 1. Most commonly pulmonary reserve is lost through the great variety of acquired diseases mentioned above which obliterate large sections of lung parenchyma. This we have designated as "acquired lung defect."[7] 2. Next in incidence is the lack of pulmonary reserve in people of middle age or older. This is the so-called involutional lung defect due to involutional processes which occur with aging of the lungs as of most organs of the body. These are often revealed abruptly by intervening pulmonary or extrapulmonary disease. Pulmonary congestion due to cardiovascular disease is here the most common cause in the aged.[7] 3. In a considerable number of patients lack of pulmonary reserve is revealed at an early age and cannot be accounted for by acquired pulmonary diseases. Here we are dealing with "developmental lung defects," so designated by us to indicate that they are not congenital in nature but that they originate during the period of postnatal development of the lungs.[7]

It lies in the very nature of all three of these "lung defects" that they are individually exceedingly variable. It is thus explained that "pulmonary reserve" is an absolutely unpredictable property of individual lungs. The degree of "pulmonary reserve" cannot be estimated from the age of the patient nor from the demonstrable extent of the individually acquired pulmonary involvement.

Origin of Cor Pulmonale

The role attributed to pulmonary emphysema in the origin of cor pulmonale is based on the belief that the pulmonary circulation is obstructed in the emphysematous lung. This belief also grew out of misinterpretation of clinical and pathological evidence, which has been largely cleared up in light of recent direct observations on the pulmonary circulation. While these observations confirmed the long-known fact that the ultimate cause of cor pulmonale is pulmonary hypertension, they also revealed three new remarkable facts about the latter: (1) it is often reversible,[8] (2) it is related to anoxia,[8] and (3) it is associated with augmented blood flow from systemic arteries at systemic blood pressure level.[9] The implications of these facts are that pulmonary hypertension is functional in nature and that its origin is related to regulation of gas exchange and of blood flow from the double vascular blood supply of the lungs.

The function regulating the pulmonary circulation must be conceived to be part of the autonomic activity of the pulmonary structures at the level of the bronchioloalveolar junctions. This function operates to correlate the circulation and ventilation throughout all parts of the lungs, making possible normal pulmonary function at rest as well as in exercise in response to momentary metabolic demands. Pulmonary hypertension is then a part of bronchioloalveolar dysfunction and as such it is also a manifestation of pulmonary insufficiency. Like the latter it is progressive, at first manifesting itself only on increased demand and being reversible during rest. Eventually it becomes increased and irreversible also at rest.

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Other manifestations of pulmonary insufficiency (emphysema, anoxia) are often found associated with pulmonary hypertension, but their relationship is only indirect. Perhaps that which is most closely related to pulmonary hypertension is augmented blood flow from the systemic arteries. This suggests that systemic blood pressure transmitted mostly by way of anastomoses between pulmonary and bronchial arteries probably plays the key role in the origin of pulmonary hypertension.

Emphysema by loss of alveolar structures, pulmonary hypertension, and augmented blood flow from bronchial arteries are three combined findings most frequently observed in cor pulmonale. The usual interpretation has been that the sequence of events is emphysema, hypertension, and finally augmented systemic blood flow. Recent observations in so-called intralobar bronchopulmonary sequestration due to anomalous systemic arteries of congenital origin have demonstrated the reverse sequence of events, i. e., emphysematous changes resulted from changes in blood supply. Similar emphysematous changes have been observed also in lungs with hypoplastic (diminutive) pulmonary arteries leading to marked increase of bronchial blood supply. In many cases we have followed the development of emphysema in previously normal lung areas under pleural thickening through which systemic blood flow increased in lung areas so affected. Here too, we believe the sequence of events was most likely one where emphysema resulted from changes in blood supply.

We have postulated that changes from pulmonary to systemic blood supply in any lung area may so affect the bronchioloalveolar structures as to disturb their functions and result in their eventual atrophic disappearance (emphysema) with all the sequelae previously discussed. Referring to these and related phenomena (clubbing, polycythemia) in recent publications, one of us [10] suggested that the autonomic function of the bronchioloalveolar structures is regulated by a hormone carried to the lungs only by venous blood in the pulmonary arterial vascular bed. Interference with this autonomic function over a large part of the lungs will manifest itself in all the evidences of pulmonary insufficiency discussed above. In final analysis then, cor pulmonale, too, would have its origins in pulmonary insufficiency, i. e., loss of pulmonary reserve.

Recent Changes in Etiology

In the decade following the advent of modern chemotherapy there became discernible a sharp drop in mortality from acute and subacute bronchopulmonary infections, while at the same time there occurred a sharp rise from cor pulmonale which has since then persisted. The connection between these events is obvious. More patients suffering from previously fatal bronchopulmonary infections now survive, later to become victims of pulmonary insufficiency leading to cor pulmonale. In fact this is true even of patients with far-advanced pulmonary tuberculosis whose life is prolonged by chemotherapy. In the latter, as well as in those with some destructive bronchopulmonary suppurations, there are demonstrable residues of fibrosis and emphysema which indicate the process leading to pulmonary insufficiency and cor pulmonale. A different effect of chemotherapy on inflammatory processes in the lungs was discussed by one of us [11] recently under the title "Chemotherapy and 'Vanishing Lungs.'" Clinical observations indicate that chemotherapy often produces emphysematous changes, probably by preventing dense fibrosis and favoring resolution and self-cleansing of the affected parts. We believe it is a reasonable inference that the same effect due to chemotherapy occurs to lesser degrees in a greater portion of cases which escape detection. Our observations lead us to infer that, in many cases in which bronchopulmonary inflammatory diseases have been attenuated by chemotherapy, subclinical forms of such acquired lung defects remain. By insidious protracted progress these become apparent much later, mostly in middle-aged patients presenting clinical features now generally recognized as chronic bronchitis and/or emphysema.

Even more characteristic of the present era is the prominent role of so-called irritative bronchitis from air pollution in the origin of chronic bronchitis and emphysema. In fact these two conditions are now increasingly spoken of as smokers' diseases.[12] Tobacco smoke is now looked upon as a most intense form of inhaled polluted air. Furthermore, "irritative bronchitis" resulting from air pollution has been prominently mentioned as a cause of pulmonary insufficiency in such diverse conditions as coal miners' dyspnea [13] and the attacks of fatal pulmonary insufficiency during the recent London smog.[14] In both instances we are dealing with injury to bronchioloalveolar structures which remains latent at the time of occurrence and later becomes manifest by subsequent cumulative effects. Clinical and pathological observations indicate that inhalation of injurious air pollutants may also cause damage to bronchioloalveolar structures that affects their function and results ultimately in pulmonary insufficiency.

It would appear then that in the present era of medicine there is an increasing incidence of insidious protracted development of pulmonary insufficiency due to the delayed effects of pulmonary infections attenuated by chemotherapy and to the cumulative effects of inhaled air pollutants. The number of people subject to the effects of these two new sources of pulmonary damage is very large when compared even with the present increased incidence of pulmonary insufficiency. Furthermore, there are very great individual differences in the evolution of the latter. In the majority of cases pulmonary insufficiency develops only with advancing

age and depends obviously upon advent of the "involutional lung defect." In a minority of cases in which pulmonary insufficiency develops in young individuals, we must assume the previous presence of "developmental lung defect."

Summary

In the present era of medicine there is a notable increase in the incidence of pulmonary insufficiency leading to cor pulmonale. The clinical picture is usually misinterpreted as chronic bronchitis and/or pulmonary emphysema. We are dealing with the clinical manifestations of insidious protracted chronic pulmonary insufficiency consisting of the combination of bronchioloalveolar dysfunction (increased bronchomotor and bronchosecretory activity), pulmonary hyperinflation (emphysema) and augmented pulmonary blood flow from systemic circulation (anastomoses with bronchial artery). Pulmonary insufficiency is an indication of depleted reserves of normally functioning lung parenchyma. In the etiology of pulmonary insufficiency in the present era of medicine, an important role is played by two new forms of damage to lung parenchyma which remain clinically latent: (1) respiratory infections attenuated by modern chemotherapy and (2) inhalation of harmful air pollutants. The latter includes excessive smoking.

850 Fifth Ave. (21) (Dr. Rappaport).

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Treatment of Sciatica and Herniated Disk.—Since sciatica may be caused by a wide variety of conditions, its treatment varies greatly. The treatment of sciatic pain associated with arthritis of the spine or of the articular facets, osteoporosis of the spine, Pott's disease, spondylolisthesis, malformations of the vertebrae, spinal cord tumor, metastatic carcinoma, telangiectasis of the cord, sacroiliac arthritis and strain, and musculoligamentous conditions relating to the low back, to mention only a few conditions, all have their individual problems. There can be little disagreement that uniformity in treatment is not to be expected in such a variety of conditions. For the treatment of herniated disk, medical measures are sufficient in most circumstances. The majority of cases do not require operation. It is a mistake to regard medical treatment as merely preliminary to eventual operation. Medical treatment alone is sufficient in 75 to 83 per cent of cases. It consists of complete bed rest, analgesics, and physiotherapy including radiant heat and hot tub soaks. . . . Medical treatment must always be preferred in sciatica due to herniated disk except in those cases of completely extruded disk which have failed to respond to medical treatment, in instances of frequent recurrence, and in those cases in which the individual choice is for surgical rather than medical relief. . . . The duration of medical treatment varies from two to eight weeks, depending on the severity of the sciatic pain, with most patients recovering within four weeks. This compares very favorably with the results of surgical treatment.—B. J. Alpers, M.D., Low Back Pain and Sciatica: The Case for Medical Management, *Medical Clinics of North America*, September, 1956.

TRIGEMINAL NEURALGIA

SPECIAL CONSIDERATIONS OF NONSURGICAL TREATMENT

Joseph G. Rushton, M.D.
and
Hugh N. A. MacDonald, M.D., Rochester, Minn.

Data regarding the effects of therapy in trigeminal neuralgia cannot be evaluated without knowledge of the spontaneous course of the disease. Analysis of 155 cases showed that 78 patients had experienced one or more spontaneous remissions lasting 6 months or longer and that 38 had had similar remissions of 12 or more months. This finding may have explained some reports of good therapeutic results from a variety of treatments, such as remissions lasting up to four years in 17 out of 39 patients after the extraction of apparently sound teeth. In patients who allowed many months to elapse before they sought treatment and who enjoyed long spontaneous remissions it could be assumed that the course of the disease would be somewhat benign. To tell whether a proposed treatment for trigeminal neuralgia is effective therefore requires a post-treatment observation period of at least six months and preferably a year.

It has long been recognized that the attacks of pain of trigeminal neuralgia may come and go for no apparent reason. "The duration of the attack is very indefinite, from one or two hours to several days, and its recurrence or exacerbation is alike in the day or night. . . . Equally uncertain is its period of return. As intimated, its revisitations are sometimes as regular as those of intermittents. But such instances are rare, and the interval may be a week, a month, a year or more. . . ."[1]

If a remission were to occur spontaneously at the time that some procedure was being carried out for the purpose of relieving the pain, the erroneous impression might be gained that the pain-relieving procedure was effective. A brief review of the history of various nonsurgical measures used in the past 100 years for the relief of pain of trigeminal neuralgia reveals that each agent has waxed and waned in favorable usage only to be replaced by a successor of equally dubious value. It is possible that the commonly occurring remission of pain has been an important factor in bringing about the premature conclusion that these remedies have been of significant benefit in the treatment of trigeminal neuralgia.

Inquiry into this matter has seemed worthwhile for the purposes of learning something of the natural history of trigeminal neuralgia, as it has been seen at the Mayo Clinic, and of discovering whether spontaneous remissions of pain are of such character as to create a problem in judging the effectiveness of a particular treatment for this condition. In an attempt to gain information along these lines we have studied the cases of 155 patients with trigeminal neuralgia seen at the clinic in 1953. We have not included the case of any patient with known intracranial tumor or aneurysm.

Review of Cases

The age of patients at onset of pain varied from 17 to 88 years. Although the disease is properly considered to be one of middle and later years of life, we found that 19 of the 155 patients, approximately an eighth of the total number, had noted onset prior to the age of 40 years. Seventy patients were men and 85 were women (table 1). Three patients had noted symptoms for 30 years or more, 10 for 20 to 29 years, 26 for 10 to 19 years, 40 for 5 to 9 years, 65 for 1 to 4 years, and 11 for less than 1 year. From these figures it cannot be assumed that spontaneous "cures" do not occur, but it seems reasonable to assume that such occurrences are rare.

TABLE 1.—*Age at Onset and Sex of 155 Patients with Trigeminal Neuralgia*

Patients, No.	Male, No.	Female, No.	Age at Onset, Yr.
1	..	1	17-19
5	3	2	20-29
13	4	9	30-39
27	16	11	40-49
62	24	38	50-59
34	17	17	60-69
10	5	5	70-79
3	1	2	80-88
155	70	85	

The right side of the face was involved in 92 patients and the left side in 63. Seven patients had bilateral involvement, and they were included in these figures on the basis of the side first involved. The initial pain was noted in the first division of

From the Section of Neurology, Mayo Clinic and Mayo Foundation. Dr. MacDonald is a Fellow in Neurology, Mayo Foundation. The Mayo Foundation is a part of the Graduate School of the University of Minnesota.

the nerve in only 11 patients (7 on the right, 4 on the left). The first division was not initially involved in any patient less than 50 years of age. While these figures concerning the side and the division first involved certainly have some significance, their interpretation is ambiguous. The remaining 144 patients noted onset of pain in either the second or third division, 85 on the right side and 59 on the left. It was often difficult to decide that the second division was involved to the exclusion of the third and vice versa. For example, a patient might complain of pain in the lower jaw and yet be aware of a trigger zone at the angle of the nose on the same side. It was for this reason that the figures concerning the two divisions were combined. The distribution of these figures is similar to those noted by others, for example Harris.[2]

TABLE 2.—*Age at Onset and Interval Between Onset of Pain in the Two Sides of the Face of Seven Patients with Bilateral Trigeminal Neuralgia*

Patient, No.	Age at Onset, Yr.	Side of Face Affected	Division of Nerve Affected	Interval Between Onset in Two Sides of Face, Yr.
	21	Left	II	
1	27	Right	II	6
	33	Left	III	
2	37	Right	II	4
	36	Right	III	
3	60	Left	III	24
	50	Right	III	
4	56	Left	III	6
	55	Right	II	
5	58	Left	II and III	3
	55	Left	III	
6	58	Right	III	3
	65	Left	II	
7	75	Right	II	10

The onset of pain among the seven patients who suffered from bilateral trigeminal neuralgia never occurred on both sides simultaneously. The interval between the onset of pain in the two sides of the face varied from 3 to 24 years. The ages of the patients when pain occurred in the first side varied from 21 to 65 years (table 2). Three other patients reported that one parent had had trigeminal neuralgia. None of the siblings of these patients had trigeminal neuralgia. An additional three patients had multiple sclerosis, and each of them stated that the symptoms of multiple sclerosis had appeared from 7 to 13 years prior to the onset of neuralgia. The pain was typical of trigeminal neuralgia, and in none of the three patients were there signs of motor or sensory deficit in the distribution of either fifth nerve.

One patient had the singular misfortune to suffer from both glossopharyngeal neuralgia and trigeminal neuralgia. Pain in the ninth nerve occurred on the right side when the patient was 29 years of age and was relieved that same year by intracranial section of the nerve. Pain in the fifth nerve in the right third division first occurred when he was 31 years old. At the age of 41 years (1953), the patient obtained relief of pain by undergoing section of the posterior root. The relationship of trigeminal and glossopharyngeal neuralgia has been well reviewed by Brzustowicz.[3]

Information concerning previous nonsurgical treatment for the pain of trigeminal neuralgia was often incomplete. Patients reported that they had been given "shots" or "pills," but they did not know the nature of the medicaments. Treatments which some patients thought had given them relief and the number of patients thus relieved are as follows: vitamin B_{12}, six patients; chiropractic treatment, two patients; and vitamin B_{12} and ultraviolet light, ultraviolet light alone, vitamin B_{12} alone, nicotinic acid given orally, trichloroethylene, salicylate and iodide given intravenously, cortisone and corticotropin (ACTH), new dentures, vitamin capsules, and typhoid vaccine given intravenously, one each. In each case the relief was prompt enough and lasted long enough to create a favorable impression on the patient. In each case further trials of the same remedy failed to bring relief at a later date.

Medical agents which failed to bring relief on the initial trial and the number of patients who tried them are as follows: vitamin B_{12}, 12 patients; vitamin B_{12} and Protamide (a proteolytic enzyme prepared from hog stomach), 3 patients; trichloroethylene, 3 patients; vitamin B_1, 2 patients; and vitamin B_{12} and roentgen treatment, vitamins B_{12} and A, and "calcium" both intravenously and orally, 1 patient each. In each case the treatment had been tried for one week or more. Several of the substances gave relief to some patients but not to others. Although the information is incomplete, it does convey the impression that patients seemed to obtain relief from a wide variety of nostrums but that these could not be depended on to give reasonably certain or lasting relief.

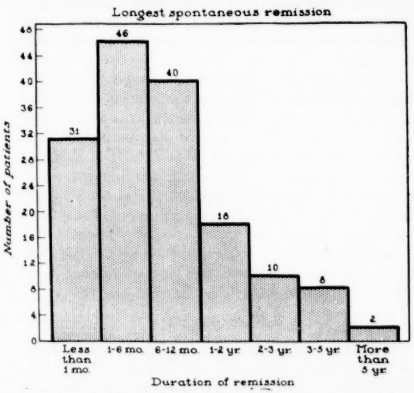

Fig. 1.—Duration of remissions of pain from onset of pain to first surgical treatment (or 1953) and number of patients experiencing remission.

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Some type of surgical operation for relief of trigeminal neuralgia had been performed on 104 of the 155 patients prior to 1953. The term "surgical operation" as used herein includes the extraction of teeth. While the extraction of sound teeth for relief of trigeminal neuralgia is looked upon with justified disfavor, the fact had to be recognized that 17 of 39 patients who received such treatment considered themselves relieved of pain for periods up to four years on one or more occasions. Other surgical treatments included injection of alcohol, 56 patients; nasal operation, 3; avulsion of the offending branch, 3; decompression, 2; and posterior root section, 1. Question might arise regarding the complaint of trigeminal pain by this last patient after such an operation. She had had a posterior root section in 1949, with relief of pain. Three years later the pain returned on the same side. In 1953, at a second operation, some aberrant sensory fibers were found and cut, with subsequent relief of pain. The remaining 51 patients had not undergone surgical treatment for their neuralgia prior to 1953.

Spontaneous Remissions

The duration of spontaneous remissions was of special interest to us. It would be desirable to know the number of remissions experienced by each patient and the exact duration of relief from pain. Unfortunately, patients are rarely able to supply such detailed information. However, they do seem able to recall the longest remission as a welcome oasis in a dreary desert of pain. We thought it possible that any treatment, surgical or nonsurgical, might result in prolongation of a remission beyond its spontaneous duration. In an earlier paragraph we have surmised that the nonsurgical treatment received by our patients had little or no effect in providing substantial relief from their pain. However, since this is a point at issue and the information leading to this supposition is admittedly incomplete, it is logical to consider only those remissions occurring prior to any treatment.

For those patients who had not been treated we considered remissions prior to 1953 (fig. 1). Approximately half of the patients (78 of 155) had at least one remission of six months' duration or longer and approximately a fourth (38 of 155) had a remission of one year or longer. Since these remissions appear spontaneously and unpredictably, it is necessary to consider them carefully in judging the effect of any treatment proposed to relieve the pain of trigeminal neuralgia. On the basis of these figures it is reasonable to delay judgment concerning any treatment for at least six months and preferably for one year from the time of its completion. In a study of the results of decompression operation for trigeminal neuralgia, Love and Svien [4] give figures which would allow for a similar conclusion.

It seemed possible that patients having longer remissions might have a less severe form of the disease. A difficulty arises when one attempts to define severity. If we assume that the severity may be measured roughly by the time that has elapsed between the onset of pain and the first surgical treatment (or the year 1953 in our cases) we approach an answer to this question. It is recognized that the patient's decision to accept surgical treatment will depend on his stoicism, the availability of such treatment, and the duration of attacks as compared with that of remissions. Of these factors, the duration of maximal spontaneous remission seemed the most easily and accurately evaluated.

We divided the 155 patients into four groups according to the length of the remission experienced as follows: (1) less than 1 month, (2) 1 month to 12 months, (3) 1 to 3 years, and (4) 3 years or more. A brief survey of these results (fig. 2) reveals that about 75% of the group having the shortest

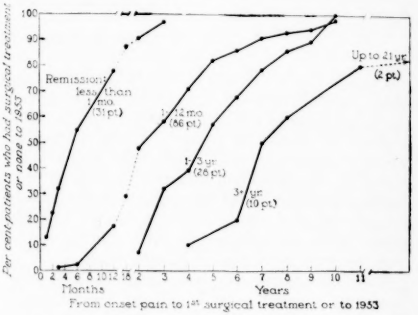
Per cent patients who had surgical treatment or came to us
Remission: less than 1 mo. (31 pt.)
1–12 mo. (66 pt.)
1–3 yr. (26 pt.)
3+ yr. (10 pt.)
Up to 21 yr. (2 pt.)
Months
Years
From onset pain to 1st surgical treatment or to 1953

Fig. 2.—Graph showing comparative duration of remission of pain.

remissions were content to have surgical treatment within 12 months or less after the onset of pain. In contrast, no patient in the group having the longest remissions was willing to have surgical treatment in less than four years and more than half of them waited seven or more years.

Comment

A review of the cases of 155 patients with trigeminal neuralgia seen at the Mayo Clinic during 1953 showed that approximately half of these patients (78 of 155) had enjoyed a spontaneous remission of pain of six months or longer during their illness and that approximately a fourth (38 of 155) had had a spontaneous remission of one year or longer. It is suggested that a period of observation of at least six months, and preferably one year, should elapse before the effectiveness of any treatment be judged. By doing so the error imposed by spontaneous remission may be lessened.

The time between the onset of illness and the presentation of the patient for his first treatment plus the duration of longest spontaneous remission will give some clue to the expected future course of the illness. Patients who have had trigeminal neuralgia for a long time and who have enjoyed long remissions may find that their disease follows a somewhat benign course.

Mayo Clinic.

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HEALTH PROBLEMS OF THE AGING

A CHALLENGE TO PREVENTIVE MEDICINE

Leroy E. Burney, M.D., Washington, D. C.

The concepts of prevention must be applied to the problem of extending the period of complete physical, mental, and social well-being as far as possible into old age. The goals should be to prevent the inception of disease and injury, to retard the progression of disease, to mitigate the effects of aging and disease, and to reduce the social and economic burdens of disability in the aging. Many chronic diseases give ample warning, but if screening programs are to succeed there must be cooperation between medical organizations and other community groups. Improvement of nursing home care is urgently needed. Many old people can be transformed into healthier, happier persons by simple attention to eyes, ears, feet, and teeth. Vigorous restorative treatment has often rehabilitated apparently hopeless handicapped people. Preventive medicine has an important role to play in raising the standards of health for old people.

I would like to take the World Health Organization's definition of health as a text for a discussion of health problems of the aged. "Health is not the mere absence of disease or injury . . . it is a state of complete physical, mental, and social well-being." Certainly, this definition expresses the aim of preventive medicine for all age groups. As physicians, we seek this goal whether we have cast our lot with public health, occupational medicine, military medicine, medical education, or private practice.

It is difficult, however, to associate old age with "complete physical, mental, and social well-being." The concept of prevention as applied to older persons might seem to be a contradiction in terms. We cannot prevent aging. Moreover, the physical, psychological, and social problems of older persons, as we observe them in individual patients or particular population groups, are so prominent as to present a pattern of "disability status" rather than "health status" of the aged. Herein lies the challenge to preventive medicine.

How can the concepts of prevention be applied so as to convert the disabilities of aging to a satisfactory health status in older persons? Ideally, the physicians of a community and all its official and voluntary agencies should be allied in a concerted and well-integrated effort to achieve this aim. Such a program would have the following specific goals: (1) to prevent the inception of disease and injury, (2) to retard the progression of disease, (3) to mitigate the effects of aging and disease, and (4) to reduce the social and economic burdens of disability in the aging.

None of these goals can be achieved if every group acts independently. This is apparent in our success in controlling communicable diseases in this country. The maintenance of safe water, milk, and food supplies; the development, production, and

Surgeon General, U. S. Public Health Service, Department of Health, Education, and Welfare.

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application of immunizing agents; and case-finding and treatment of infected persons—all these preventive methods have been possible only by the joint efforts of official and voluntary health agencies, research institutions, industrial establishments, and practicing physicians.

Prevention of Disease

There are still many opportunities to prevent the inception of infectious diseases in the aged. It would appear now that the major reservoir of tuberculous infection is in elderly people who have had no recognized evidence of tuberculosis. Now that we have effective chemotherapy and a promising prophylactic in isoniazid, it is possible to prevent the inception of tuberculosis in many older persons through case-finding programs directed especially at the middle and older age groups. The effectiveness of such efforts, of course, will depend upon the cooperative efforts of official and voluntary agencies and practicing physicians.

We need also to reappraise the immunization needs of older persons. It is easy to forget that most of our intensive immunization programs among children were initiated after the majority of our 14 million senior citizens, aged 65 and over, had reached adulthood. It is true that many young adults received certain immunizations in connection with military service or industrial occupation. But it would be interesting to know how many of our 65-years-plus population have entirely escaped vaccination against smallpox and tetanus, for example, and, of those previously vaccinated, how many have ever had a revaccination. More older people now have more leisure time—and their numbers will increase—for travel, sports, hobbies, and new types of employment, with attendant risks of accidental injury and tetanus infection. Moreover, it is known that some communicable diseases of childhood, such as whooping cough and diphtheria, can be very serious in elderly patients. This fact was underscored by recent outbreaks of diphtheria in which the only deaths were among adults.

Retarding Progression of Disease

When we consider halting the progression of disease in older persons, we are thinking primarily of the chronic diseases. It is a well-known fact that the incidence of chronic disease increases with advancing age. This is a statistical interpretation of incidence, however; for it is obvious now that many cases have their incipience years before the patient presents himself for diagnosis and treatment. We know very little about the true incidence of chronic disease, but we are learning. Evidence is accumulating, through the application of "screening" devices, that preventive medicine has more time to avert serious consequences than was thought possible only a few years ago.

The Memphis cytological project of the National Cancer Institute, for example, has amply demonstrated that at least five years elapse between the appearance of the preinvasive localized tumor and the development of invasive cancer of the uterine cervix. Some cancers are known to develop very slowly in the aged. Similarly, the application of tonometry to detect abnormal intraocular pressure has shown that chronic glaucoma offers at least two years of a development stage in which to prevent permanent visual damage and achieve good therapeutic results in this important cause of blindness among older persons. Mass chest x-ray programs detect not only tuberculosis but also other lung pathology and some heart abnormalities. Some types of heart disease give premonitory warnings that could be found by screening devices. By means of a simple, inexpensive blood test, diabetes mellitus can be detected in its subclinical stages.

It follows, then, that preventive medicine could exploit this valuable time factor in the development of chronic disease by means of intensive case-finding programs among supposedly healthy older people. It matters not to the issue whether the devices are employed in the physician's office, the hospital, the in-plant medical service, or the local health department. The object is to alert the patient and his personal physician to the presence of disease or the premonitory signs of disease.

A positive result in one or more screening tests should lead to more than a thorough diagnostic examination for the specific ailments. Detection should lead, rather, to a comprehensive physical, psychological, and social evaluation of each elderly patient. Early and adequate treatment of the presenting illnesses is the immediate goal, but the ultimate objective is to afford the patient continuing medical supervision.

While capitalizing on the opportunities offered by a "one-time" screening program, we must not overlook the fact that the oldster who "screens" negative to all available tests this year may present one or more developing illnesses next year. Furthermore, the battery of screening tests now available applies to very few of the chronic diseases predominantly present in older persons. Research scientists are pressing toward the development of additional case-finding techniques and improvement of existing devices. Meanwhile, in any plans for preventive services to the aging, we must be alert to the limitations as well as the values of present case-finding techniques. We must keep the ultimate goal of comprehensive medical evaluation, treatment, and health supervision of the aging foremost in our thinking and planning with practicing physicians and community organizations.

Preventive medicine for the aging is neither preventive nor medicine if it does not attain this objective of comprehensive medical care. The health needs of the aged cannot be met without such care.

By comprehensive medical care, I mean all those services by individual physicians and related professional workers, hospitals, nursing homes, and health departments that are required to extend the active life of older people. Obviously, no single individual or organization can provide all those services.

There is a growing awareness among the professions and the public that these services should be and can be planned, developed, and delivered by the community and its physicians—the state, the federal government, medical schools, and private organizations aiding and abetting the efforts of the community and the medical profession. The conviction that such community action is needed springs from the day-to-day experience of families, community agencies, and individual physicians in trying to obtain comprehensive care for the aged. And it springs from the nationwide experience of older people, their families, and taxpaying fellow citizens in trying to meet the costs of disabling illness.

Public Assistance

In a recent study of patients in nursing homes, the Public Health Service found that the average patient is 80 years of age and that more than half of the patients are supported by public assistance funds. Studies conducted by the Social Security Administration indicate that over 25% of persons accepted for public assistance give ill health as the cause of their dependency. Such findings emphasize the fact that old age for far too many of our people is almost synonymous with ill health and inadequate income. The economic burden of disability in older persons can be substantially lessened by comprehensive services for the aging in their own communities.

What can communities do in cooperation with their physicians to raise the health level of their older citizens and reduce the economic burdens of disability? In the first place, they must consider the totality of the problem, just as the physician must consider the whole individual in arriving at a diagnosis and instituting appropriate therapy. Since the health status of an older person is the sum of many factors, services must be planned to affect the whole—the physiological changes of aging and the psychological, social, and economic factors involved in producing the state of ill health or good health.

Planning for health of the aged, then, begins with a survey. Depending on the size and complexity of the problem, a survey can be made by teams ranging in size from a physician and a visiting nurse, supported by adequate biostatistical and clerical assistance, to the full complement of a community welfare council. In any case, the results will be far more satisfactory if the individuals involved represent the community at large and the various professions concerned in the physical, mental, and social well-being of the aged. The broader the representation on the survey team, the more comprehensive and—in the long run—the more effective will be the planning and the programs.

I want to emphasize strongly the need for active participation in any such surveys and programs by practicing physicians as individuals and as representatives of their medical societies. Indeed, there are too many instances in which needed services have not been developed because physicians have not been brought into the planning and program development at the earliest stages. It is all too common an error for community groups to plan health programs for physicians instead of with them, with the result that the key persons—the practicing physicians—in any program for care of the aging do not know what is expected of them, nor have they been consulted as to whether they can, professionally, deliver the services expected. The local health officer also is often neglected when a steering committee is organized. This too is unfortunate because the average health department does have skills and resources for organizing and developing community programs. It is a potential source of financial and professional assistance, both through its contacts with community institutions and through state and federal agencies.

In reverse, there have been equally short-sighted instances when public health and medical groups have attempted to develop community services without taking social welfare, industrial, and civic organizations in on the ground floor of their planning. The moral of these observations is that we are all in this together. We cannot carry out our responsibilities for the health of our patients or our communities without the help of other professional people and community leaders.

For example, one of the ideas now catching fire in a number of communities is the establishment of a "center" for the aging, where health counseling, group recreation, social casework service, nutritional advice, and referral to medically approved sources of care are provided. I have in mind the kind of place that older people can consider their own, a place where many of their needs can be met. A "center" of this type could eliminate the frequent referral of individuals from agency to agency with resulting confusion and frustration that often develops. Consolidated services for the aging could be operated by the local public welfare department or the health department, or both together. In communities with well-developed voluntary health and welfare services, it would be much more desirable for the united community services or the welfare council to operate such a center, with official and voluntary agencies jointly supplying whatever services or funds they can provide. As community organizations are now asking the public to subscribe to "united giving," so also the agencies could provide the greatest amounts of service to the most people at the least cost through a little "united giving" on their part.

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Nursing and Restorative Care

Improvement of nursing home care is urgently needed in many communities. Training courses for the operators of nursing homes can be provided as part of a community's comprehensive program for health of the aged. Agencies responsible for the licensing and supervision of nursing homes and related facilities can provide many consultative services through local health departments. Public health nursing consultants, dietitians, sanitarians, and health educators all may have something to offer that will help the nursing home operators do the better job they would like to do in caring for their aged and infirm patients. The use of licensure to raise the standards of these homes is a practical point of departure, but results are more effective when it is not used as club but as an opening door to rendering services indirectly to the aging.

Home care programs, although varying widely in content and method of organization, offer excellent opportunities in the development of community services for the aging. Up to the present time, home care services have been provided chiefly for patients receiving public assistance or private welfare aid. If the values of auxiliary medical services in the home—nursing, physical therapy, and housekeeper services, to mention a few—are ever to reach the majority of disabled older people, they must be so organized and rendered as to attract the practicing physician and his patients.

No comprehensive health service for the aged will be complete without attention to restorative care. This begins with attention to the eyes, the ears, feet, and teeth—four organs that are neglected to an astonishing degree in older persons. Perhaps no single service can do more to reduce the amount of care that an elderly patient needs than provision of a hearing aid, a new pair of glasses, better dentures, or treatment of a painful bunion. An older person not otherwise handicapped can be transformed into a healthier, happier person by one or more of these simple aids. If he is otherwise handicapped, he will be able to function more freely and to cooperate more fully in efforts to treat the more serious handicap.

Of greatest importance in restorative care of the aged, however, is the goal each individual wishes to attain and will strive to attain. If health workers around our handicapped and bedridden older people continue to be satisfied just with keeping them alive and "comfortable," the accumulation of disability in the United States will never be reduced; instead, it will increase. If, however, we are determined to attain maximum restoration of function of which each patient is capable, we will reap a rich harvest of improved health and reduced costs of care.

Health workers in this field of restorative care are continually amazed at what "hopelessly" handicapped people can do if they are helped to help themselves. At one large city hospital (District of Columbia General Hospital), before active restorative services were begun, only 10% of the paraplegic patients were able to walk at the time of their discharge. Today, with vigorous restorative treatment, 90% of these patients leave the hospital walking and capable of complete self-care. And they stay in the hospital only half as long as patients with comparable handicaps stayed before restorative services were initiated. When we think what this means in terms of human values, to say nothing of savings in money, we are inclined to wonder why we have waited so long and why so few communities have taken up this challenge as well as others presented by the health problems of aging.

Summary and Conclusions

Planning health services for older people is part of the community's plan for health services to all individuals. It must take into account the totality of the older person's particular needs, especially with respect to prevention of chronic disease and restoration of the severely disabled. Preventive medicine has always been concerned with health promotion, aimed at improving the total well-being of the individual. Preventive medicine has been in the forefront of professional efforts to control disease.

Specialists in preventive medicine must give more leadership in their communities to the development of supplementary services. This will take time. Nevertheless, when we recall the successes achieved in the earlier efforts of public health workers and practicing physicians to control epidemics, we can anticipate similar benefits to the nation's welfare from joint action in health of the aging and chronic disease control.

Preventive medicine stands today at a critical point in its long and distinguished history. We have greater knowledge than ever before for the diagnosis, treatment, and prevention of disease. We have progressed far. But at this time, we need especially to think of medicine's role in our changing society and how we can shape that role for the greater good of society.

Changes come slowly—almost imperceptibly. They are not recognized by many of us until some critical questions arise affecting our particular sector in the medical world. Too often we have not had a part in helping to guide and direct these changes. If we are to have anything to say about them we must have ideas—imagination. We must do some thinking of our own as to what shall be preventive medicine's role in bringing to pass "complete physical, mental, and social well-being" as a standard of health in our country and throughout the world.

TREATMENT OF LOCAL ISCHEMIA DUE TO LEVARTERENOL (LEVOPHED) LEAKAGE WITH PIPEROXAN

Louis Pelner, M.D., Brooklyn, N. Y.

The vasodilating action of piperoxan hydrochloride has an important application in the treatment of the local ischemia that results when extravasations of levarterenol occur during intravenous injections. The ischemia is marked by coldness, pallor, and numbness and has sometimes gone on to necrosis. Three case histories are given to illustrate the prompt relief of the ischemia by piperoxan hydrochloride. The latter is injected subcutaneously in multiple punctures about the affected vein in the form of a solution containing 5 mg. in 20 cc. of sterile saline solution, and the amount needed varies from 20 to 30 cc. A satisfactory vasodilation occurs within one minute and is manifested by the return of a healthy pink color to the ischemic area.

Levarterenol (Levophed) bitartrate has deservedly become one of the mainstays in the treatment of the various types of shock due to surgery, trauma, overwhelming infections, drug reactions, and myocardial infarction.[1] However, one of the drawbacks has been the extreme care necessary to avoid infiltration which would often result in local ischemia and consequently necrosis of the skin. Even more baffling are the situations in which no infiltration has occurred, yet ischemia and subsequent necrosis of the skin has developed. Such incidents have limited the use of this lifesaving drug by many physicians. Recently two attempts have been made to counteract the local ischemia resulting from infiltration or extravasation of levarterenol solution by injecting phentolamine (Regitine) hydrochloride solution, either alone or with hyaluronidase.[2] The local use of hyaluronidase in this condition may possibly be harmful, as shown by case 1 presented below. In any case, it does not directly contribute to the satisfactory result.

Phentolamine was not immediately available when the patient described in case 2 below developed an ischemic area due to levarterenol infiltration, so piperoxan (Benodaine) hydrochloride was tried with immediate salutary effect.

Method of Use

A solution of piperoxan, 5 mg. in 2.5 cc. or ¼ of an ampul, was added to 17.5 cc. of sterile saline solution. The resulting dilution was 5 mg. in 20 cc. of solution. About 0.25 to 0.5 cc. of this solution was injected subcutaneously into the ischemic, cold area, first around the periphery and then within the area about 1 cm. apart. Within 30 to 50 seconds, each injected area developed a pink coloration and became warm to touch. More than 20 cc. may be used. Thirty cubic centimeters of this dilution was used in the patient in case 4 presented below, in which a very satisfactory result was obtained.

In the instance of case 3, a higher concentration of piperoxan was used (10 mg. in 5 cc.) added to 15 cc. of sterile saline solution for infiltration because of the large amount of levarterenol used in the infusion.

Case Reports

Case 1.—A 55-year-old woman was admitted to the hospital on March 23, 1957, with the complaint that 48 hours before she had developed a severe epigastric pain, which subsequently spread to both shoulders. Twelve hours before admission, the pain spread to both lower quadrants. The patient had a history of peptic ulcer years before, but she had had no pain of that type in the last few years. The patient was in shock and had a completely rigid abdomen.

A diagnosis of a perforated viscus with generalized peritonitis was made, and the patient was operated on promptly. At operation, approximately 8 qt. of a murky fluid was present in the peritoneal cavity. A perforated duodenal ulcer was found and was closed. Without warning, cardiac arrest occurred. The chest was entered, and cardiac massage was started. A levarterenol infusion (4 cc. levarterenol in 1,000 cc. glucose in saline solution) was given. A little difficulty was encountered in giving the intravenous injection because of the sudden drop in blood pressure. Infiltration of the levarterenol occurred, and the infusion was stopped. An area of ischemia about 12 cm. by 7 cm. was noted in the left antecubital fossa. Two cubic centimeters of hyaluronidase solution, 15 turbidity reducing units (T. R. U.) per cubic centimeter, was infiltrated subcutaneously in the ischemic area. Within 15 minutes the ischemic area was at least twice the original size, and within two hours it was three times the size. Although the heart responded to cardiac massage initially, it again stopped three hours later. Cardiac massage was again instituted, and again the heart was revived. The patient died eight hours later. At the patient's death the ischemic area was three times the size it had been initially.

Case 2.—A 50-year-old man was admitted to the hospital on May 5, 1957, with a history that for the past three hours he had had severe constricting pain in the chest and left arm, associated with marked pallor and cold perspiration. He had had a severe coronary thrombosis a year and a half before. An electrocardiogram was consistent with a severe anterior wall infarction. He was given heparin sodium and bishydroxycoumarin (Dicumarol), with the amount rapidly increased until the required concentration was reached. Late in the day a few ventricular extrasystoles were noted and administration of quinidine was started. The next day

Attending Physician, Swedish Hospital.

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the patient developed a few rales at both bases, and 2 cc. of mercaptomerin (Thiomerin) sodium was given. The same day, his blood pressure, which had been 120/80 mm. Hg, fell to 86/70 mm. Hg, so 2 cc. of mephentermine (Wyamine) sulfate (15 mg. per cubic centimeter) was given intramuscularly every hour.

The patient remained in critical condition. The next day he again developed precordial pain and a cold sweat, and the blood pressure was 60/40 mm. Hg and the pulse rate 30 per minute. A complete heart block had developed. A levarterenol infusion (4 cc. in 1,000 cc. glucose in water) was started, at 40 drops per minute. His blood pressure had risen slightly to 80/50 mm. Hg. On May 8, he was slightly better, when at 8:30 p. m. he suddenly complained that he did not have enough air and gave a loud outcry. The pulse was absent. Immediately artificial respiration was given, the levarterenol infusion was allowed to run in at a rapid rate, and atropine sulfate, 1/150 grain (0.00043 Gm.), was given into the infusion tubing. The patient's pulse and blood pressure responded in about five minutes. Ephedrine in oil, 1 cc., was given on the premise that this was a Stokes-Adams type of attack. The next day and the following day, the patient was much better, with the blood pressure remaining at 100/60 mm. Hg and the pulse about 65-70 per minute. The levarterenol infusion was continued at 30 drops per minute.

On May 10, I was called because of an infiltration due to the levarterenol solution. Actually there were two areas of infiltration, with a marked ischemic area in the left antecubital fossa measuring 13 by 8 cm., which had occurred six hours before, and a recent infiltration at the left wrist, which had occurred 15 minutes before. Each area was markedly blanched and cold and felt numb to the patient.

A solution of piperoxan (5 mg. in 2.5 cc.) was added to 17.5 cc. of sterile saline solution, and each area was infiltrated subcutaneously. The needle pricks were about 1 cm. apart, and about 0.25 to 0.5 cc. of the solution was injected in one place. Within 30 to 50 seconds each little injected area developed a pink color and the patient stated that the numbness was gone. The areas were inspected the next day and had a delicate pink coloration without evidence of ischemia. Because it was not known whether the solution of piperoxan would cause a drop in blood pressure, another infusion of levarterenol was started in the opposite antecubital fossa. However, this was discontinued when the blood pressure remained the same. The patient made an uneventful recovery and was discharged on June 11, 1957. The skin areas involved in the infiltration were entirely normal.

Case 3.—A 49-year-old male was admitted to the hospital on May 31, 1957, with a history that for the preceding three-month period he had had occasional precordial pain. On the day of admission the pain had been severe and continuous. He had a history of a previous attack of coronary thrombosis one year before, diabetes mellitus for 17 years, and blindness due to chronic glaucoma for one year.

On admission, the patient was pale and anxious, his pulse was thready, but his blood pressure was 115/80 mm. Hg. His electrocardiogram showed a depressed ST, and depressed ST wave in leads V_5, V_6, and CF_4. There was a deep QS wave in leads 2 and 3. He was given heparin and bishydroxycoumarin, but complained of almost continuous chest pain in spite of adequate doses of opiates.

On June 2 he complained of a sudden severe onset of chest pain, his blood pressure suddenly dropped to nothing, and the pulse became imperceptible. An infusion of levarterenol (8 cc. in 500 cc. glucose in water) was finally started in a leg vein after several attempts to find a suitable arm vein proved fruitless. The patient thrashed around in bed, and the levarterenol infusion infiltrated in an area measuring 15 cm. by 10 cm. This area became markedly blanched.

A solution of piperoxan was made up, with 10 mg. of piperoxan being used in 20 cc. of solution. The effect was exactly the same as that noted in case 2. Although the patient died three hours later from spreading of the initial infarction or sustaining of a fresh infarction, the ischemic area had remained pink.

Case 4.—A 42-year-old man was admitted on June 20, 1957, with a history of sudden onset of severe chest pain, dyspnea, and dizziness. He recalled two similar attacks, one year and six months previously. During those episodes, he had been hospitalized. He was a heavy drinker. Physical examination revealed a desperately ill patient. The pulse rate could not be counted. The heart rate was 180 beats per minute, with apparently regular rhythm. There were bilateral expiratory wheezes. The liver was enlarged four fingers below the costal arch, and there was slight edema of both legs. The blood pressure was 96/54 mm. Hg. The admission diagnosis was coronary thrombosis and possible cirrhosis of the liver. The electrocardiogram revealed ventricular tachycardia with a rate of 196 beats per minute. The patient had been given digitalis at the outset, which was stopped as soon as the electrocardiogram was read and quinidine substituted. The next day, the arrhythmia continued but the patient felt better.

That evening, the patient developed chest pain, associated with profuse perspiration, and developed shock. The blood pressure had dropped. Levarterenol, 4 cc. in 1,000 cc. glucose in water, was given at the rate of 30 drops per minute. The next day, June 22, the patient still had ventricular tachycardia, so that quinidine was given intramuscularly. The blood pressure was now 90/50 mm. Hg, and the levarterenol infusion was continued. On June 23, the tachycardia had stopped, and the patient suddenly uttered a cry and became temporarily unconscious. The heart rate was 32 beats per minute. The electrocardiogram showed complete heart block, idioventricular rhythm, and T wave inversions suggestive of coronary occlusion. Administration of levarterenol was continued. The patient's pulse was not of good quality.

That morning it was noted that the patient had a blanched area in the region of the needle puncture. The levarterenol solution was removed, and alcohol wet dressings were applied. About six hours later, when I inspected the area, it was noted that there was a 14 cm.-by-9 cm. area of induration which was blanched and cold and clearly demarcated from the rest of the skin. Although the solution had not actually infiltrated, it had extravasated through the needle puncture into the surrounding skin.

A solution of piperoxan in saline solution made up exactly as noted in case 2 was infiltrated subcutaneously throughout the ischemic area. An immediate pink coloration to the skin was noted, and the area became warm. Thirty cubic centimeters of the prepared solution was used. After the infiltration with piperoxan, it was noted that no drop in blood pressure had resulted. The area was inspected daily and appeared entirely normal.

The patient has been improving satisfactorily. At the time this paper was written the electrocardiogram showed regular sinus rhythm with first degree heart block; the blood pressure was 100/60 mm. Hg, and the pulse rate was 76 per minute.

Prevention and Reversal of Ischemia

In the latest literature on levarterenol, the manufacturer [3] lists the following precautions: 1. Do not leave patient unattended. 2. Antecubital vein of arm is preferred for infusion site. 3. Avoid hand veins. In elderly patients or in those with peripheral occlusive vascular disease avoid leg veins whenever possible. 4. Avoid leakage about needle. Extravasation may cause local ischemia and sloughing.

In spite of all necessary care and observation, extravasation of the solution may still occur, even though the needle is firmly in the vein and has not been dislodged by the patient.[4]

Shapiro and Perlow [4e] reported six cases of skin necrosis after intravenous administration of levarterenol. They state that the number of instances of severe local ischemia and transient phlebitis not associated with skin necrosis is not known but is undoubtedly much more frequent than actual necrosis. According to them, local infiltration and stagnation of the levarterenol in the vein may result in skin necrosis. In the latter instance, diffusion of the solution through the wall of the vein would offer an explanation for involvement of the tissue along the course of the vein.

Obviously some method of prevention of the ischemia and its reversal if already present is mandatory, if this remarkable drug is to remain in use. Shapiro and Perlow [4e] did some experimental work in dogs to answer some of these questions. Their work indicates that perfusion of the levarterenol solution through an undamaged vein wall is conceivable under conditions of sluggish circulation and stagnation of the blood within the veins. These conditions are found in the shock-like states which are precisely the emergencies for which levarterenol is used. An acute spasm of the vein, which so commonly occurs after the first influx of the levarterenol solution, may intensify the stagnation of blood. An injection of a solution without levarterenol will easily overcome such an obstruction. Therefore, Shapiro and Perlow recommended that in clinical use a solution without levarterenol should be used until a satisfactory flow has been reached, after which transfer to the pressor solution can be made. Further, if the clinician is unaware of the possibility of an acute venospasm, he may manipulate the needle which may increase the likelihood of perivascular infiltration of the pressor solution.

Shapiro and Perlow further recommend the insertion of a cannula or fine polyethylene tube high into the vein where the flow is more rapid than in the peripheral vessel and where the solution is quickly diluted by the large volume of blood. In addition, they make the point that the extremity should be elevated to aid in the venous return which would also prevent ischemia of the skin due to stasis of the solution in the vein. They further state that if the levarterenol solution is required only intermittently, it is advisable to flush out the vein with saline solution by means of a three-way stopcock in order to prevent stagnation of the pressor solution in the vein.

The points made by Shapiro and Perlow are interesting and useful but not widely applicable because of the training and the additional equipment necessary. Furthermore, it seems that extravasation of the levarterenol solution does not usually occur at the start of the infusion, but only after it has been running for several days. Thus other factors besides the initial acute venous spasm must be involved.

Hardie and Hunter [5] state that arteriosclerosis obliterans, thromboangiitis obliterans, and Raynaud's disease preclude the use of levarterenol infusions. They state that when long-term administration is necessary, the drug should be given above the antecubital or popliteal fossa in a vein of adequate diameter and blood flow. A polyethylene catheter threaded centrally through a large intravenous needle increases the amount of blood flow, in their view. They state that the nourishment of the vein wall should be maintained by administration of oxygenated whole blood with the pressor agent or intermittently by a "Y" connection. Also they state that vasoconstriction can be relaxed by stopping the administration of the drug and giving oxygenated whole blood and by injecting hyaluronidase and 1 to 2% procaine.

I feel, on the basis of case 1, that hyaluronidase may cause the ischemia to spread before the vasodilator becomes effective. Hardie and Hunter [5] recommend that heat not be used, because it increases the metabolic demands of the ischemic tissue. Years ago, I [6] showed in an experimental study that procaine will partially antagonize the vasoconstrictor effects of epinephrine, but it is doubtful if it can reverse the effects of levarterenol.

One need not go into great detail about the remarkable utility of levarterenol. It may be summed up in the quotation: "Levarterenol (Levophed) has proved to be the potent and effective vasopressor for the treatment of hypotension and shock following acute myocardial infarction. In the great majority of instances the blood pressure rises promptly after the institution of this therapy." [1a] Jamison and co-workers [7] believe that the beneficial effects of levarterenol are due to an increase in coronary blood flow, which is much greater proportionately than the rise in blood pressure. They claim that the oxygen supply of the heart muscle is increased to a greater extent than the oxygen utilization.

Sampson and Griffith [1c] state that levarterenol administered by intravenous drip is the most effective therapy now available in combating severe hypotension and is useful in overcoming shock due to acute myocardial infarction, cerebral arterial occlusion, pulmonary infarction or embolism, or shock associated with surgical, postsurgical, or traumatic complications. In a footnote to their article, the authors made the significant observation that when used alone levarterenol often results in thrombosis and necrosis of the vein employed, at or near the site of injection, especially so if the drug escapes into the surrounding tissues. They found, however, if 10 mg. of heparin is added to each 500 cc. of 5% glucose solution to which 8, 12, or even 16 mg. of levarterenol has been added, it will prevent thrombosis or necrosis of the veins. They state that even if a small amount of the solution should escape into the tissue the resulting inflammatory reaction does not pro-

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gress to necrosis. If these findings can be duplicated, then the problem of administration of levarterenol is indeed solved. However, many of the patients given levarterenol have been given heparin and bishydroxycoumarin, and extravasation of a solution of levarterenol still caused ischemia and subsequent necrosis in some instances. Perhaps the concentration of heparin actually given in the levarterenol solution is greater than would be the concentration of heparin in the ischemic area when heparin is given intramuscularly. Nevertheless the method of administration of Sampson and Griffith is certainly worth a trial.

Treatment of Ischemic Area

The methods of treatment used for the ischemic area after levarterenol infiltration or extravasation have until recently proved largely unsuccessful. Injections of hyaluronidase and procaine [5] in the ischemic area did not prevent necrosis. Nourishment of the vein wall by transfusions of oxygenated whole blood has not changed the picture.[5] Recently two articles have appeared describing a treatment that has proved successful.

McGinn and co-workers [2a] used infiltration of phentolamine (Regitine) hydrochloride and hyaluronidase and Zucker [2b] used phentolamine alone into the ischemic area caused by levarterenol infiltration. Phentolamine is a physiological antagonist to levarterenol and is used in the diagnosis of pheochromocytoma, a tumor of the adrenal medulla, which produces levarterenol. Both of these articles describe the use of 5 mg. of phentolamine in 20 cc. of water, in one case with a solution of hyaluronidase and in the other without, as an injection into the ischemic area. Based on the results of my first case in this report (case 1), I should be hesitant to use hyaluronidase, since it will cause not only a diffusion of phentolamine but a widespread diffusion of the levarterenol as well. In any event, multiple infiltrations of a solution of phentolamine alone work just as well. According to the two articles, injections of phentolamine result in a "pinking out" of the ischemic area in from five to seven minutes.

At the time of my first treated case (case 2), phentolamine was not available to us at the hospital. We did have piperoxan (Benodaine) hydrochloride, and since this drug is also a physiological antagonist to levarterenol,[8] we used this in the dosage of 5 mg. in 20 cc. of sterile saline solution by multiple subcutaneous infiltration. A pink coloration developed in the ischemic area almost at once (30 to 50 seconds), and the area recovered completely in each case. Because of the massive dose of levarterenol used in case 3, 10 mg. of piperoxan in 20 cc. of solution was used as the infiltrating agent. Whether 5 mg. in 20 cc. would have been enough is not known.

In case 2, we were afraid to use the piperoxan solution to infiltrate the ischemic area before starting another infusion of levarterenol in the opposite arm. This precaution proved not to be necessary in this or in the other cases, because piperoxan has no effect on normally mediated blood pressure but has an effect only on blood pressure elevation associated with levarterenol secretion, as in pheochromocytoma.

Summary

Three patients with marked ischemia of the skin as the result of infiltration or extravasation of a solution of levarterenol (Levophed) bitartrate were treated with infiltration of a solution of piperoxan (Benodaine) hydrochloride. A satisfactory reversal of the ischemia resulted in each of the cases in which it was tried.

Dr. Emanuel Schwartz, Attending Physician at the Swedish Hospital, Brooklyn, N. Y., gave permission to report case 4, in which treatment was under his direction.

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ROUTINE MEASUREMENT OF RESPIRATORY RATE

AN EXPENSIVE TRIBUTE TO TRADITION

Ross C. Kory, M.D., Wood, Wis.

The routine repeated measurement of the respiratory rate is of clinical value in less than 5% of patients in a hospital, and furthermore physicians themselves rarely show an interest in such measurements. As a result of such indifference, nurses have been increasingly casual in their measurement of respiratory rates, and, in many cases, though a figure is recorded, no actual measurement was made. In one carefully controlled experiment measurements of respiratory rate were carried out in 58 patients within minutes of the routine ward measurements. The ward records showed 57 of these patients as having a rate between 18 and 22 per minute; 40 having a rate of exactly 20. The real range was from 11 to 33 per minute, only five patients showing a rate of 20. If recording the respiratory rate is important, the character of the breathing is of equal importance. Nursing personnel should recognize abnormal breathing patterns and bring these abnormal findings to the attention of the physician. It is suggested that routine recording of respiratory rates be limited to those cases or on those hospital wards where the physician specifically orders such measurements. This not only would improve the accuracy of the measurements and clinical records but also would save millions of hours of personnel time each year.

The measurement of the respiratory rate in hospital patients has been a routine procedure for many years. At the turn of the century a large number of hospital patients were admitted for acute infectious diseases, such as typhoid, malaria, and bacterial pneumonias. Since precise diagnostic procedures were not available and since therapy for most of these diseases was nonspecific and "expectant," serial observations of the "vital signs" were of great clinical importance. Under such conditions, frequent measurements of the respiratory rate served as a valuable prognostic aid.

As medical knowledge has increased, however, with improved methods of diagnosis and treatment, the routine repeated measurement of the respiratory rate is of clinical value in only a small percentage of hospital cases. Nevertheless, the tradition has been firmly established, and hospital patients continue to have their respiratory rate recorded, as a matter of routine, along with the body temperature and pulse rate. Since this measurement has not been of particular inconvenience to physicians, the tradition has been permitted to continue unchallenged even though the physicians themselves rarely show interest in such measurements. As a result of this indifference, the nurses have been increasingly casual in their measurement of respiratory rates, so that, in many cases, a routine figure is recorded, no actual measurement having been made.

It is the purpose of this study (1) to reexamine the clinical value of the routine measurement of the respiratory rate, (2) to assess the accuracy of such measurements in representative hospitals, and (3) to point out the approximate annual cost of personnel time used in this routine procedure in our hospitals.

Respiratory rates can be abnormal in only two ways —an increased respiratory rate (tachypnea) or a decreased respiratory rate (bradypnea). The chief conditions in which the respiratory rate increases are pneumonia, pleurisy, other painful conditions of the chest wall, any condition which obstructs the air passages, fever, anemia, congestive heart failure, metabolic abnormalities, neurogenic and psychogenic defects, limitation of the depth of inspiration as in peritonitis or increased intra-abdominal tension, and conditions which increase the carbon dioxide tension of the blood.[1] In none of these is tachypnea per se either diagnostic or of great help in management, although observation of the character of the respiration is sometimes helpful. It should be noted that "an increased [respiratory] rate is often observed in the normal person because of embarrassment or the emotional distress occasioned by the examination."[1A]

From the Investigative Medicine Service, Veterans Administration Hospital, Wood, Wis., and the Department of Medicine, Marquette University School of Medicine, Milwaukee.

A decreased respiratory rate is seen in such conditions as lowered metabolism, drug narcosis, shock, and head trauma in which there is a marked increase in intracranial pressure.[1a] In the latter three conditions the respiratory rate may be quite important, but of equal importance is the character of the breathing. It is particularly important that nursing personnel recognize at an early stage such abnormal breathing patterns as dyspnea, stridulous breathing, the deep sighs of emotional tension, Kussmaul's respiration, and respiration of either the Cheyne-Stokes or Biot type and that such abnormal breathing be brought to the attention of the physician.

Clinical Usefulness of Routine Measurements

In order to evaluate the clinical usefulness of routine measurements of respiratory rate, two approaches were used (table 1). A survey of 200 unselected consecutive clinical records at the Veterans Administration Hospital, Nashville, Tenn., was carried out in which each record was carefully reviewed and

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the day by day condition of the patient evaluated as to whether measurements of the breathing rate would be of any value. This evaluation was conservative, including, for example, a blanket assumption that respiratory rate measurements would be of value for several days after each operative procedure, however minor. Even with this conservative approach, the survey revealed that in a total of 5,006 patient days, there were only 238 days (4.7%) in which measurements of the respiratory rate were of any clinical value. A similar survey of 100 consecutive unselected clinical records at the Veterans Administration Hospital, Wood, Wis., suggested that respiratory rate measurements were needed in only 204 (3.3%) of 6,169 total patient days.

The second approach was carried out by means of direct questioning of the 40 physicians directly responsible for the care of 1,067 patients in the Veterans Administration Hospital, Wood, Wis. These patients were distributed as follows: medical, 378; surgical, 322; tubercular, 160; and neuropsychiatric, 207. Each physician was asked how many of the patients directly

TABLE 1.—*Evaluation of Proportion of Total Patient Days in Which Serial Measurements of Respiratory Rate Are of Clinical Importance*

Type of Study	Hospital Where Study Was Conducted	No. of Patients	Total No. of Patient Days	Patient Days in Which Respiratory Rate Measurements Were Clinically Useful	
				No. of Days	% of Total
Review of hospital charts	Veterans Hospital, Nashville, Tenn.	200	5,006	238	4.7
Review of hospital charts	Veterans Hospital, Wood, Wis.	100	6,169	204	3.3
Poll of 40 physicians responsible for patient care	Veterans Hospital, Wood, Wis.	1,067	1,067	49	4.6

under his care would need to have measurements of respiratory rate taken in the event that routine measurements were eliminated. Each doctor was urged to include any patient in whose respiratory rate he was interested for any reason whatsoever. Even with this urging, there were only 49, or 4.6%, of a total of 1,067 hospital patients for whom the patient's physician considered repeated respiratory rate measurements of any clinical importance (table 1).

These studies, although carried out independently, show remarkable agreement and strongly suggest that, in a general medical and surgical hospital, measurements of respiratory rate are of clinical usefulness in less than 5% of the patient days.

Accuracy of Routine Measurements

The lack of medical interest in respiratory rates has resulted in apathy on the part of nurses toward this measurement. In many hospitals "respirations" are measured in a perfunctory manner and are likely to be highly inaccurate. These inaccuracies were repeatedly demonstrated by comparison of measurements of respiratory rates taken in studies on patients in a cardiopulmonary laboratory with those measurements routinely recorded in the clinical record of the same patient on the same day (fig. 1). The routine measurements of rates recorded on the ward records were between 18 and 22 per minute in 49 of the 51 patients studied, and 34 of the rates were charted at exactly 20 per minute. In contrast, the respiratory rates carefully measured in the cardiopulmonary laboratory on the same patients on the same day ranged from 10 to 35 per minute. Figure 1 illustrates the absence of correlation between these sets of measurements.

In order to duplicate the conditions as nearly as possible, careful measurements of respiratory rates

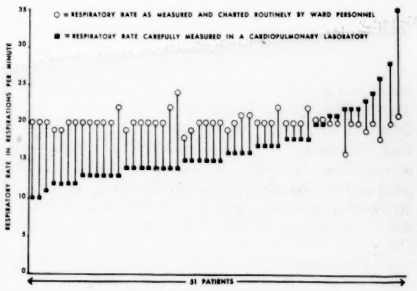
○ = RESPIRATORY RATE AS MEASURED AND CHARTED ROUTINELY BY WARD PERSONNEL
■ = RESPIRATORY RATE CAREFULLY MEASURED IN A CARDIOPULMONARY LABORATORY
RESPIRATORY RATE IN RESPIRATIONS PER MINUTE
51 PATIENTS

Fig. 1.—Comparison of respiratory rates measured in cardiopulmonary laboratory with routinely recorded ward "respirations" for same patients on same day.

were carried out at intervals during one day on all patients on one acute medical and one acute surgical ward. Our measurements were made either a few minutes before or a few minutes after the routine temperature, pulse, and respiration measurements

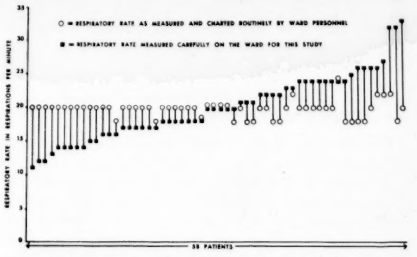
○ = RESPIRATORY RATE AS MEASURED AND CHARTED ROUTINELY BY WARD PERSONNEL
■ = RESPIRATORY RATE MEASURED CAREFULLY ON THE WARD FOR THIS STUDY
RESPIRATORY RATE IN RESPIRATIONS PER MINUTE
58 PATIENTS

Fig. 2.—Comparison of respiratory rates, carefully measured on the ward for this study, with routinely recorded ward respiratory rates. In all patients, the careful respiratory rate measurements were made within a few minutes of the routine taking of "temperature, pulse, and respiration" by ward personnel.

(fig. 2). In this entirely separate group of patients, the routinely recorded ward respiratory rates were between 18 and 22 per minute in 57 of 58 patients, 40 of these being recorded as exactly 20 per minute. In this group, our carefully measured rates ranged from 11 to 33 per minute with no correlation between the two sets of measurements. It should be further noted that two patients were found by us to exhibit typical

Cheyne-Stokes respiration. No notation of this fact was found in either patient's clinical record, although the respirations were charted faithfully at 20 per minute on both patients.

The data obtained in these two studies strongly suggest that the routine respiratory rates recorded on the wards are much more likely to be 20±2 per minute than to represent the correct respiratory rate. In order to test this thesis, the clinical records of 148 patients at Veterans Administration Hospital, Nashville, Tenn., and 100 patients at Veterans Administration Hospital, Wood, Wis., were checked for the total number of respiratory rates measured in the patient and for the number of these rates which fell between 18 and 22 per minute (table 2). Of the 6,953 recorded respiratory rates in 148 patients at Thayer Veterans Administration Hospital in Nashville, 6,532, or 94%, ranged between 18 and 22 per minute. Of 6,757 respiratory rate measurements in 100 patients at Veterans Administration Hospital, Wood, Wis., 6,363, or 94%, were within the 18 to 22 range. The fact that only 6% of 13,000 respiratory rates as recorded were outside of the 18 to 22 range is further evidence that the recorded

TABLE 2.—*Evaluation of Accuracy of Routine Respiratory Rate Measurements*

Type of Study	Hospital Where Study Was Conducted	No. of Patients	Total No. of Respiratory Rates Measured	No. of Recorded Respiratory Rates Between 18 and 22 per Min.	
				No. of Measurements	% of Total
Review of hospital charts	Veterans Hospital Nashville, Tenn.	148	6,953	6,532	94
Review of hospital charts	Veterans Hospital, Wood, Wis.	100	6,757	6,363	94

measurements are unreliable, particularly since the normal range for males is more nearly 14 to 18 per minute than 18 to 22.[2]

Yearly Cost of Personnel Time Used in Unnecessary Measurements

The average daily patient population (excluding neuropsychiatric patients) in United States hospitals is in excess of 650,000. If 5% of these (32,500) are assumed to need respiratory rate measurements, over 600,000 patients would appear to be receiving unnecessary routine respiratory rate measurements each day. If we make the conservative assumptions (1) that the 600,000 patients will receive an average of only one measurement a day and (2) that this measurement, together with the charting, will require only one minute's time, it still follows that 600,000 minutes of personnel time is devoted each day to this needless measurement. These daily 600,000 minutes represent 3,650,000 hours per year of wasted time of nurses and nursing assistants, both of whom are in extremely short supply in our hospitals. If a further conservative assumption is made that the average salary of such personnel is $1.50 per hour, the monetary expression of this annual wasted time is over $5,500,000.

Comment

Our data have indicated that measurement of respiratory rate serves a useful purpose in less than 5% of patient days and that the routinely recorded respiratory rates are highly inaccurate. Both of these statements have long been recognized by many physicians, but no systematic effort has previously been made to analyze this problem.

The repeated appearance in patients' hospital records of such inaccurate and unreliable data can never be defended as "good medical practice." The complete omission of such data would appear to represent better medical practice than does perpetuation of these erroneous records. It should be emphasized that respiratory rate measurements may be important in certain types of patients. In these as well as other patients the observation of the character of the breathing is at least as important as measurement of the rate.

It is proposed, therefore, that measurement of respiratory rate be continued in those cases or on those wards where the physician specifically orders that such measurements be made but that measurement of respiratory rate be eliminated as a "pan-hospital" routine. It is further proposed that the character of the patient's breathing be observed and recorded along with an accurate measurement of respiratory rate in those patients who need such measurements.

Summary and Conclusions

The data herein presented demonstrate that each year over 3,500,000 hours of personnel time (representing over $5,500,000) are devoted to an unreliable, largely useless routine which has been continued in hospital procedure wholly because of tradition. The thesis espoused in this report is that the elimination of these routine measurements would in itself improve medical practice and patient care, by eliminating erroneous information from patients' hospital records and by freeing nursing personnel for more important duties. In place of this routine, the physician would specify those patients or particular wards in which he considered close observation of respiration necessary. The nurse, in turn, would observe the character as well as the rate of the "respirations" in such patients. Such a proposal should result in improved patient care and more accurate medical records and at the same time save over 3,500,000 hours of personnel time each year in United States hospitals.

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CLINICAL NOTES

TERMINAL BLOOD ALCOHOL CONCENTRATIONS IN NINETY-FOUR FATAL CASES OF ACUTE ALCOHOLISM

Sidney Kaye, Ph.D.
and
Harvey B. Haag, M.D., Richmond, Va.

The observations reported herein were made for the purpose of obtaining additional data on (*a*) the terminal blood alcohol levels of persons dying from uncomplicated acute alcoholic poisoning and (*b*) the interval of time between discovery of the patient in a comatose state (or time of last known alcohol ingestion) and death. From these combined data, an estimate, based on the rate of alcohol elimination, can then be made as to the probable magnitude of the antemortem blood alcohol concentrations. Such knowledge may influence the prognosis in cases of alcoholic intoxication and, from the medicolegal point of view, assist in more accurately establishing death as being due to acute alcoholic intoxication. Pertinent information and discussion on these matters is limited largely to publications of Jetter [1] and Jetter and McLean.[2]

During the period 1948-1955, we have had opportunity to study 94 cases in which the histories, medical examiners' reports, gross and microscopic postmortem findings, and chemical analyses ruled out other recognizable common causes of death except acute alcoholism. The majority of these victims were males between 25 and 50 years of age who were alcohol habitués and who had died a number of hours after appearance of coma or last known ingestion of alcohol. All the deaths occurred in Virginia. Blood for alcohol level determinations was drawn from the heart within eight hours after death. Alcohol concentrations were determined by a modification of the Nicloux method.[3] The interval between time of coma (or last alcohol ingestion) and death was obtained from the medical examiners' reports; understandably many of these figures represent, by and large, approximations, in view of which only the range of figures is given. The results are tabulated in the table.

Study of the table reveals, first, that in this group terminal blood alcohol values ranged from 180 to 600 mg. per 100 ml. of blood and, second, that the blood alcohol concentration at death was found to be inversely related to length of survival. One of us [4] found, from a study of nine human volunteers, that the blood alcohol level decreased at an hourly rate of 22±5 mg. per 100 ml. of blood; this is in keeping with the figures given by Harger and Hulpieu [5] and Jetter.[1] Hence, assuming that the blood alcohol concentration falls at a rate of approximately 20 mg. per 100 ml. of blood per hour, then, from the known duration of survival after coma and the terminal blood alcohol values, one can calculate the probable antemortem blood alcohol level at about the time the patient was first seen in coma (or known to have had his last drink). When this computation is made with the various time intervals and terminal blood alcohol values noted in our cases, calculated average antecedent values agree very well, i. e., about 500 mg. per 100 ml. of blood for those dying in 10 to 16 hours, to 600 mg. per 100 ml. for those dying within 1 to 2 hours. This does not mean necessarily that higher values may not have existed.

These findings are in keeping with observations and opinions reported by others.[6] Jetter,[1] for instance, cites one case in which the patient died about three hours after drinking two to three pints of whisky; the terminal blood value was 720 mg. of alcohol per 100 ml. of blood. In a second case, the patient died 18 hours after onset of coma; the postmortem blood alcohol concentration was 40 mg. per 100 ml. Hence it would appear that death need not (and probably seldom does) ensue at the height of the blood alcohol concentration but can follow hours later (due probably to irreversible and progressive central nervous system injury initiated at the time of the high level of alcohol). During this interval, considerable amounts of alcohol are metabolized and excreted, the blood alcohol concentration thus being lowered to that which is found on postmortem examination. These observations are substantiated by results obtained with animals,[7] in which it was noted that death almost never occurred at the peak blood alcohol level after oral alcohol administration with just fatal doses. In all probability, a similar situation exists with respect to other central nervous system depressants, notably the barbiturates.

Terminal Blood Alcohol Concentrations in Ninety-four Patients with Acute Alcoholism

Alcohol Values, Mg./100 Ml.			
Range	Median*	Patients, No.	Time Interval† to Death, Hr.
180-250	220±30	4	10-16
250-300	280±15	15	8-12
300-350	330±14	18	6-10
350-400	390±16	13	6-10
400-450	430±12	14	3-8
450-500	470±14	15	3-8
500-550	530±14	7	1-4
550-600	580±15	8	1-2

* Median for 94 patients = 460±100 mg. alcohol per 100 ml. of blood.
† Time interval between discovery of patient in comatose state (or time of last alcohol ingestion) and death.

From the departments of legal medicine and pharmacology, Medical College of Virginia and Office of the Chief Medical Examiner, State of Virginia.

Jetter [1] further states that in about 2,000 cases in which antemortem blood alcohol level estimations were done, he had never seen survival when the antemortem blood alcohol value was above 500 mg. per 100 ml. blood. In only three of his cases were postmortem blood alcohol values 500 mg. per 100 ml. or above. In over 4,000 examinations that we have made during the past eight years, we have never encountered a postmortem alcohol value in excess of 650 mg. per 100 ml. of blood.

Summary and Conclusions

Ninety-four patients with uncomplicated fatal acute alcoholism were found to have terminal blood alcohol concentrations ranging from 180 to 600 mg. per 100 ml. of blood. These values varied inversely with the length of time of survival after discovery of the patient in coma (or after the last drink); that is, the longer the period of survival, the lower the terminal blood alcohol value. Calculated antemortem concentrations at some previous time varied between 500 and 600 mg. of alcohol per 100 ml. of blood. From this, and in keeping with the findings of others, it appears that patients with levels of alcohol of about 500 mg. per 100 ml. of blood and above are foredoomed, in the absence of effective therapy, although at death the blood alcohol value may be only a fraction of this figure.

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A SIMPLE, INEXPENSIVE COLOSTOMY APPLIANCE

Sidney Hirsch, M.D., Cedarhurst, N. Y.

A simple, inexpensive colostomy appliance can be made by using common 40-gauge clear plastic, from which the rear window of a convertible car is usually made. This material is soft and pliable and molds itself nicely to the abdominal contour. It is easily cut so that its central opening can be made quite large to allow its use shortly after the performance of the colostomy when the external portion of the intestine is still quite large because of the edema.

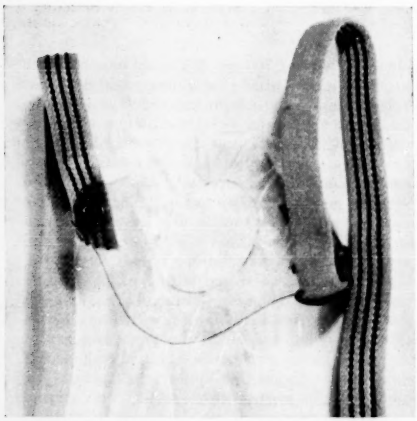


Fig. 1.—Disk of 40-gauge clear plastic, with Dot Snapper fastener at either end.

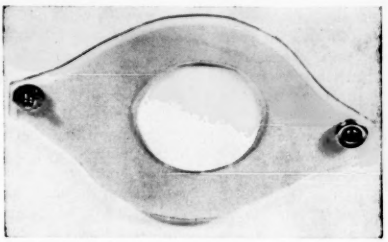


Fig. 2.—Colostomy appliance, showing plastic bag fitted through center opening of disk and webbed elastic strap fastened at each end.

The clear plastic is cut from a sheet in the design shown in figure 1. At either end is a Dot Snapper fastener. To one end the webbed, elastic strap is fastened and to the other end the Dot buckle. The usual plastic bag fits through the central opening and its ends turn over the circular portion of the plastic disk (fig. 2).

501 Broadway.

GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

ANNUAL REPORT AND DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES, AND RÉSUMÉ OF THE REQUIREMENTS OF EXAMINING BOARDS IN THE MEDICAL SPECIALTIES PREPARED BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Arthur N. Springall, M.D., John Hinman, M.D., and Willard V. Thompson, M.D.

ANNUAL REPORT

The 31st Annual Report on Internships and Residencies consists of detailed information and statistical data on all intern and resident training programs approved by the Council. Approval is limited to programs in hospitals located in the continental United States, the Canal Zone, Hawaii, and Puerto Rico. The report is composed of statistical tables on internships and residencies with detailed explanations and interpretations; a statement regarding the National Intern Matching Program; a brief description of the Internship Review Committee and the various residency review committees and their activities; a brief paragraph on foreign medical graduates; a statement of policy regarding straight internships; and a résumé.

The Directory of Approved Internships and Residencies is published immediately following the report. The hospitals which offer approved intern training programs are listed according to geographical location. Information given consists of the hospital control, number of hospital beds, number of annual admissions, autopsy rate, length of internship, stipend and number and types of internships offered. Hospitals are also listed according to types of internships offered. A list of internships in Canada approved by the Canadian Medical Association is included.

The residency section lists the hospitals approved for residency training according to specialties. In addition to the statistical data presented, the names of the chiefs of services are listed, and additional information is included similar to that given in the internship section. A subsequent listing by state and city indicates the specialties for which each hospital is approved.

The entire report is based on detailed information furnished by each hospital approved for intern and/or resident training. The statistical data in the tables represent the intern and resident situations as of Sept. 1, 1956. These figures, therefore, may be in some instances at variance with those presented in the Directory of Approved Internships and Residencies, as the latter refer to appointments beginning July 1, 1958.

The Council acknowledges with gratitude the cooperation and assistance of the medical staffs and the administrators of hospitals listed. The publication of this report was made possible by their furnishing the statistical data requested. The following organizations collaborated with the Council in approving residency programs:

Advisory Board for Medical Specialties
American Academy of General Practice
American Board of Anesthesiology
American Board of Dermatology
American Board of Internal Medicine
  Subspecialty Board on Allergy
  Subspecialty Board on Cardiovascular Disease
  Subspecialty Board on Gastroenterology
  Subspecialty Board on Pulmonary Diseases
American Board of Neurological Surgery
American Board of Obstetrics and Gynecology
American Board of Ophthalmology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
  Subspecialty Board on Allergy
American Board of Physical Medicine and Rehabilitation
American Board of Plastic Surgery
American Board of Preventive Medicine
American Board of Proctology
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
American Board of Urology
Board of Thoracic Surgery
American College of Physicians
American College of Surgeons

The Annual Report and the lists of approved internships and residencies are reprinted as the Directory of Approved Internships and Residencies. Copies of this reprint will be furnished upon request to the Council.

The Annual Report furnishes information on graduate medical education (internships and residencies) to those interested, including medical students, hospital administrators, medical educators, and other individuals and organizations. The primary purpose of the report is to provide necessary information to young physicians beginning their professional careers who desire to undertake further medical education and training.

INTERNSHIPS

In table 1 there are listed the number of hospitals offering approved internships and the number of internships offered for the past 10-year period. For the intern year beginning July 1, 1956, 852 hospitals offered a total of 11,895 intern positions. These figures represent a decrease of 15 (2%) in the number of hospitals and an increase of 279 (2%) in the number of positions over the preceding year. This number of internships available is the largest number ever offered.

Miss Mary A. McGovern and Mrs. Helen Neitzel were responsible for much of the detail work in the preparation of the lists of approved internships and residencies, and the staff of the Machine Records System was responsible for the IBM statistical tabulations.

Represented in these figures are the approved internships in hospitals in the continental United States and in its territories and possessions, including one hospital in the Canal Zone, four in Hawaii, and eight in Puerto Rico.

The disparity between the number of American medical school graduates and the number of internships available is increasing. In 1956, there were 6,845 graduates of approved American medical schools. Therefore, there were approximately 5,000 positions available during the year 1956-1957 which could not be filled by American graduates. An estimated 2,500 of this number were filled by graduates of foreign medical schools. During the past 10 years, the number of hospitals offering approved intern training programs has increased about 6%, while the number of internships offered has increased 31%. During the same period, the number of interns per hospital has increased from 11.3 to 13.9.

TABLE 1.—*Approved Hospitals and Internships, 1948-1957*

Year of Publication	No. of Hospitals	No. of Internships
1948	807	9,118
1949	807	9,124
1950	799	9,398
1951	828	10,044
1952	865	11,467
1953	856	11,006
1954	814	10,624
1955	850	11,048
1956	867	11,616
1957	852	11,895

Internships, by Type of Service

A breakdown of approved internships according to type of service is given in table 2. Rotating general and rotating with emphasis on a particular service are included in the category of rotating services. Straight internships include straight service assignments to medicine, surgery, pediatrics, pathology, and obstetrics-gynecology. Mixed internships include those where assignments are made to two or three of the four major services (medicine, surgery, obstetrics, and pediatrics).

TABLE 2.—*Number of Internships, by Type of Service, 1956-1957*

Type of Internship	No. of Approved Programs	No. of Internships: Filled Sept. 1, 1956	No. of Internships: Vacant Sept. 1, 1956	No. of Internships: Percentage Filled
Rotating general	809	8,593	1,786	83
Other rotating	31	68	9	88
Totals	840	8,661	1,795	83
Mixed	42	157	16	91
Straight				
Internal medicine	80	556	68	89
Surgery	62	327	62	84
Pediatrics	46	140	46	77
Obstetrics-gynecology	4	10	3	77
Pathology	27	42	12	77
Totals	219	1,075	191	85
Grand totals	1,101*	9,893	2,002	83

* Number of intern training programs in 852 approved hospitals.

For the intern year beginning July 1, 1956, 852 hospitals offered 1,101 approved intern training programs, involving 11,895 intern positions. While the number of internships has increased slightly during the past year, the relative percentage of the three types of internship remains approximately the same. Table 3 represents these percentages for the types of internships for the past five years. Variation during this period has been slight.

On Sept. 1, 1956, 83% of the rotating internships were filled. Mixed internship occupancy increased from 84% in 1955 to 91% in 1956. There was also a slight increase in the occupancy of the straight internships from 83 to 85%. The over-all occupancy rate for internships on Sept. 1, 1956—83%—was the same as for 1955.

TABLE 3.—*Relative Percentage of Types of Internships, 1953-1957*

Type of Internship	1953	1954	1955	1956	1957
Rotating	90.0%	88.9%	88.8%	87.9%	87.9%
Mixed	1.2	1.4	1.2	1.2	1.5
Straight	8.8	9.7	10.0	10.9	10.6
	100.0%	100.0%	100.0%	100.0%	100.0%

Internships, by Type of Hospital Control

The distribution of internships by type of hospital control is shown in table 4. Forty-two federal hospitals offered 643 positions, or 5.4% of the total number of internships. Intern positions offered by the 131 nonfederal governmental institutions totaled 3,800 (32%). The 670 nongovernmental hospitals accounted for 7,393 positions (62%). The nine proprietary hospitals offered 59 positions (less than 1%).

TABLE 4.—*Number of Internships, by Type of Hospital Control, 1956-1957*

Control	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1956	No. of Internships: Vacant Sept. 1, 1956	No. of Internships: Percentage Filled
Federal				
U. S. Army	9	211*	...	100
U. S. Navy	16	199	7	96
U. S. Public Health Service	7	79	1	99
Veterans Administration	7	58	42	58
Other federal	3	43	3	94
Totals	42	590	53	88
Governmental (nonfederal)				
State	31	886	108	89
County	39	913	90	91
City	48	1,350	166	87
City-county	13	237	50	83
Totals	131	3,386	414	89
Nongovernmental				
Church	312	2,400	743	76
Nonprofit corporations	358	3,468	782	82
Totals	670	5,868	1,525	79
Proprietary				
Partnership	1	4	4	50
Corporations unrestricted as to profit	8	45	6	88
Totals	9	49	10	83
Grand totals	852	9,893	2,002	83

* Includes 60 positions assigned to the U. S. Air Force.

As in previous years, the highest occupancy rate occurred in the federal hospitals, with an average of 88% positions filled on Sept. 1, 1956; individual federal service figures varied from a low of 58% occupancy in the Veterans Administration hospitals to 100% occupancy in the Army hospitals. The Army figure of 211 positions filled includes 60 internships filled by interns assigned to the Air Force; no Air Force Hospitals conducted intern training programs during the year. Army hospitals being used for training Air Force interns. Occupancy rate for the nonfederal governmental hospitals was 89%, a decrease of 2% from last year's figure; county hospitals had the highest rate (91%) in this group. For the nongovernmental hospitals, the rate was 79%; and that for proprietary institutions was 83%. The over-all occupancy rate for all hospitals offering approved internships was 83%.

TABLE 5.—*Number of Internships, by Medical School Affiliation and Bed Capacity 1956-1957*

Classification	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1956	Vacant Sept. 1, 1956	Percentage Filled
Nonaffiliated				
Less than 200 beds	137	620	177	78
200-299	252	1,729	500	78
300-499	188	1,911	452	81
500-over	59	1,101	148	88
Totals	636	5,361	1,277	81
Major teaching				
Less than 200 beds	10	48	21	70
200-299	20	200	50	80
300-499	52	922	195	83
500-over	65	2,668	229	92
Totals	147	3,838	495	89
Minor teaching				
Less than 200 beds	14	58	24	71
200-299	20	136	65	68
300-499	24	263	94	74
500-over	11	237	47	83
Totals	69	694	230	75
Grand totals	852	9,893	2,002	83

The federal hospitals averaged 14.0 interns on duty per hospital; the nonfederal governmental figure was 25.7; for nongovernmental hospitals, 8.8; and for proprietary hospitals, 5.5. The average number of interns on duty per hospital was 11.6, as compared with 11.1 in 1955.

In 1954, 9,066 positions were filled (82%); in 1955, 9,603 positions were filled (83%); and in 1956, 9,893 positions were filled (83%). Internships have increased numerically during the past three years, while the occupancy rate has remained stable.

Internships, by Medical School Affiliation and Bed Capacity

In table 5, hospitals are classified into three categories, based on the degree to which medical schools utilize these hospitals for undergraduate medical education. A "major teaching hospital" is one that is considered by the medical school as being a major unit in its undergraduate clinical clerkship program. The term "minor teaching hospital" refers to a hospital

TABLE 6.—*Number of Internships, by Census Region and State, 1956-1957*

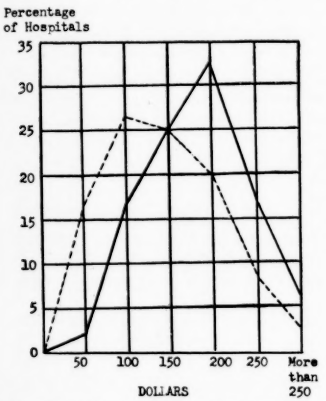
Census Region and State	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1956	Vacant Sept. 1, 1956	Percentage Filled
New England				
Connecticut	22	183	24	88
Maine	4	20	7	74
Massachusetts	36	349	47	88
New Hampshire	1	14	..	100
Rhode Island	7	64	3	96
Vermont	2	17	3	85
Totals	72	647	84	89
Middle Atlantic				
New Jersey	41	393	43	90
New York	107	1,699	150	92
Pennsylvania	78	661	269	73
Totals	226	2,753	462	86
East North Central				
Illinois	53	696	89	89
Indiana	17	124	66	65
Michigan	38	497	91	85
Ohio	51	612	93	87
Wisconsin	22	181	39	82
Totals	181	2,110	378	85
West North Central				
Iowa	8	50	23	68
Kansas	6	71	8	90
Minnesota	15	192	34	85
Missouri	24	322	99	76
Nebraska	9	46	26	64
North Dakota	4	11	11	50
South Dakota	3	18	5	78
Totals	69	710	206	78
South Atlantic				
Delaware	3	30	4	88
District of Columbia	10	187	21	90
Florida	14	156	19	89
Georgia	14	144	39	78
Maryland	20	246	57	81
North Carolina	13	153	42	78
South Carolina	7	74	30	71
Virginia	18	161	45	78
West Virginia	8	56	16	78
Totals	107	1,207	273	82
East South Central				
Alabama	9	79	42	65
Kentucky	9	70	38	65
Mississippi	3	21	13	62
Tennessee	15	204	51	80
Totals	36	374	144	72
West South Central				
Arkansas	3	44	11	80
Louisiana	10	228	26	90
Oklahoma	7	55	27	67
Texas	26	324	105	76
Totals	46	651	169	79
Mountain				
Arizona	5	46	12	76
Colorado	12	139	19	87
Montana	3	2	8	20
New Mexico	1	6	...	100
Utah	7	57	22	72
Totals	28	241	61	80
Pacific				
California	52	766	188	80
Oregon	7	90	6	94
Washington	15	163	26	86
Totals	74	1,019	220	84
Territories and Possessions				
Canal Zone	1	16	...	100
Hawaii	4	70	...	100
Puerto Rico	8	95	5	95
Totals	13	181	5	97
Grand totals	852	9,893	2,002	83

used to a limited extent for undergraduate training. "Nonaffiliated hospitals" are those which are not designated by a medical school as participating in such a program. This classification is used in this report and in the list of approved internships.

Major teaching hospitals (147) constituted 17% of those approved for internships, offered 4,335 internships, and showed an occupancy rate of 89% on Sept. 1, 1956. The 69 minor teaching hospitals were 8% of the total number of hospitals and were 75% filled on the same date. Nonaffiliated hospitals (636), 75% of the approved hospitals, filled 81% of their positions on Sept. 1, 1956.

The major teaching hospital group had the highest occupancy rate (89%), which was the same as the rate for 1955. Nonaffiliated hospitals increased the rate from 79% in 1955 to 81% in 1956.

As was pointed out in the Annual Report for 1955, there was evidenced a definite trend for the larger hospitals to have a higher percentage of internships



Monthly internship stipends, with federal hospitals excluded. Solid line indicates nonaffiliated hospitals (606), dashed line affiliated hospitals (204). Abscissa gives upper level of stipend range.

filled. This observation is again borne out by the figures shown in table 5. For hospitals of 200 beds or less in all three groups, the combined occupancy rate was 77%; for hospitals having 200 to 299 beds, the rate was the same, 77%; hospitals having 300 to 499 beds indicated that 81% of their positions were filled; and hospitals having more than 500 beds showed a 90% occupancy rate.

Internships, by Census Region and State

Table 6 shows a breakdown by states and regions of the internships on Sept. 1, 1956, with numbers of positions filled and vacant, and the percentage of internships filled quoted in each instance.

Hospitals in United States territories and possessions again showed the highest percentage of filled positions —97%. The New England region had the highest occupancy rate for the continental United States, 89%, which was an increase of 3% over last year's figure. The rate of 72% in the East South Central region was the lowest recorded this year. Individual states having 90% occupancy or higher were New Hampshire (100%), Rhode Island, New Jersey, New York, Kansas, District of Columbia, Louisiana, New Mexico (100%), Oregon, Canal Zone (100%), Hawaii (100%), and Puerto Rico. Lowest rates were those for Montana and North Dakota.

New Mexico offered an approved internship for the first time. Those states which do not have approved intern training programs at the present time are Idaho, Nevada, and Wyoming.

Internship Stipends

Stipends for interns have increased appreciably during the past several years. The average cash stipend paid the intern in affiliated hospitals during 1954 was $87; in 1955 this figure increased to $121; the stipend for 1956 increased still further to reach a figure of $141, an increase of $20 over 1955. The nonaffiliated hospitals showed a similar increase. Figures for the past three years for nonaffiliated hospitals are 1954, $136; 1955, $169; and 1956, $177.

In the figure, the graph portrays the internship stipends for 1956, comparison being made between the affiliated and the nonaffiliated institutions. Federal hospitals are excluded from this graph. The curve shown for each type of hospital is not unlike that for the previous year. Only one hospital reported "No stipend paid"—an affiliated hospital.

Seventy-three per cent of the affiliated hospitals furnished full maintenance, 18% furnished partial maintenance, and 9% furnished no maintenance. Eighty-five per cent of the nonaffiliated hospitals offered full maintenance in addition to the stipend; 12% gave partial maintenance; and 3% indicated no maintenance furnished.

The stipend paid by the nonaffiliated hospital averaged $36 per month more than was paid by the affiliated hospital. The occupancy rate (Sept. 1, 1956) for the internships offered by nonaffiliated hospitals was 81% compared with a rate of 86% for the affiliated hospitals. These data might be interpreted to mean that the average intern is more interested in other aspects of the internships than he is in the financial return.

In the list of approved internships, under the column headed "Beginning stipend," the letters FM and PM refer respectively to "full maintenance" and "partial maintenance."

Autopsy Rates

The autopsy rate on hospital deaths is regarded by the Council as an index of the scientific interest of the medical staff in medical education and in the progress of medicine. In table 7 the 20 federal hospitals and the 20 nonfederal hospitals reporting the highest rates for the past year are listed. These hospitals are to be commended for maintaining these rates at a high level.

It is of interest to compare this listing with that of previous years and to note that certain institutions have consistently maintained a high rate. Of the federal hospitals listed, seven are listed for the sixth consecutive year; of the nonfederal hospitals, six have maintained a place on the list for the past six years.

TABLE 7.—*Internship Hospitals with Highest Autopsy Rates 1956*

	Federal	Percent
1.	U. S. Naval Hospital, Corona, Calif.	99
2.	U. S. Naval Hospital, Bethesda, Md.	96
3.	Letterman Army Hospital, San Francisco	96
4.	U. S. Naval Hospital, Great Lakes, Ill.	91
5.	Brooke Army Hospital, Fort Sam Houston, San Antonio, Texas	91
6.	U. S. Naval Hospital, San Diego, Calif.	90
7.	U. S. Naval Hospital, Bremerton, Wash.	90
8.	Madigan Army Hospital, Fort Lewis, Tacoma, Wash.	90
9.	Fitzsimons Army Hospital, Denver	88
10.	U. S. Naval Hospital, Oceanside, Calif.	88
11.	U. S. Naval Hospital, Newport, R. I.	88
12.	U. S. Naval Hospital, Jacksonville, Fla.	88
13.	U. S. Public Health Service Hospital, New Orleans	87
14.	Walter Reed Army Hospital, Washington, D. C.	87
15.	U. S. Naval Hospital, Portsmouth, Va.	87
16.	U. S. Naval Hospital, Chelsea, Mass.	87
17.	Gorgas Hospital, Balboa Heights, C. Z.	87
18.	Veterans Administration Hospital, Salt Lake City	86
19.	Valley Forge Army Hospital, Phoenixville, Pa.	85
20.	U. S. Naval Hospital, Oakland, Calif.	82
	Nonfederal	
1.	Children's Hospital, Los Angeles	94
2.	Children's Medical Center, Boston	86
3.	Children's Hospital, Buffalo	86
4.	Milwaukee Children's Hospital, Milwaukee	84
5.	University of Illinois Research and Educational Hospitals, Chicago	84
6.	University of California Hospitals (Herbert C. Moffitt Hospital), San Francisco	83
7.	University of Minnesota Hospitals, Minneapolis	83
8.	Ochsner Foundation Hospital, New Orleans	83
9.	Mary Hitchcock Memorial Hospital, Hanover, N. H.	82
10.	Sacred Heart General Hospital, Eugene, Ore.	82
11.	Colorado General Hospital, Denver	82
12.	University Hospitals, Madison, Wis.	81
13.	University of California Hospital, Los Angeles	80
14.	University of Nebraska Hospital, Omaha	80
15.	Aguadilla District Hospital, Aguadilla, P. R.	80
16.	St. Louis Children's Hospital, St. Louis	79
17.	University Hospital, Ann Arbor, Mich.	77
18.	Virginia Mason Hospital, Seattle	77
19.	Barnes Hospital, St. Louis	76
20.	Evanston Hospital, Evanston, Ill.	76

Of the 852 hospitals reporting, only 5 (less than 1%) failed to meet the minimum autopsy requirements of 25%. These institutions are being urged to increase the rate, as a subminimal rate for two consecutive years may be the basis for withdrawal of approval.

Internship Review Committee

Membership on the Internship Review Committee is composed of representatives from the Council on Medical Education and Hospitals, the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards of the United States, and the American Academy of General Practice.

The Committee was formed in 1954 to review reports of surveys of intern training programs and make recommendation to the Council for appropriate action. The Committee also may make recommendations to the Council for changes in the requirements for approval of an internship and for changes in policy concerning the education of interns.

Since the Committee was established, it has advocated that the Essentials of an Approved Internship be interpreted with reasonable flexibility. It has followed the policy of giving a hospital an opportunity to correct deficiencies found on survey before approval is actually withdrawn; the hospital is advised concerning the nature of the deficiencies and is encouraged to correct them as quickly as possible.

The objective toward which the Committee is working is to maintain and improve the standards of medical education at the internship level.

National Intern Matching Program

The National Intern Matching Program continues to serve as the central clearing agency for hospitals seeking interns and for medical students desiring internships. For the past six years, hospitals approved for intern training by the Council on Medical Education and Hospitals and medical students seeking first year internships have used the NIMP as the official agency for intern procurement. The plan gives complete freedom of choice to both hospitals and students and has received continued support from both groups.

Hospitals approved by the Council submit a Hospital Agreement to the Program in which they agree to interview only students who participate in the program and to accept all interns matched to them. Students submit similar agreements, stating they will apply only to participating hospitals and will accept the hospital to which they are matched. Hospitals and students make contact with each other by means of the NIMP Directory. Hospitals receive a Directory of all participating students, and students receive a hospital Directory in which are listed all participating hospitals and the type and number of internships each offers. Hospitals are free to interview as many applicants as possible, using any means of evaluation they desire.

The Matching Program has matched more than 35,000 students with no reported error to date. The policies and general management of the program are governed by the organizations most interested in medical education at the intern level. These organizations include, in addition to the Council on Medical Education and Hospitals, the American Hospital Association, the Association of American Medical Col-

leges, the Catholic Hospital Association, the American Protestant Hospital Association, and the Student American Medical Association. Further assistance is given by liaison representatives from the Army, Navy, Air Force, and the Public Health Service.

The Program covers internships beginning between April 1 and Dec. 31. In Program VI for 1957 internships, 822 hospitals offered 11,804 positions, while 6,923 students participated in the program. Of this number, 6,539 (94%) were matched. 89% of the matched students went to hospitals of their first or second choice. Conversely, 90% of the hospitals received medical students whom they had selected as first or second choice. Hospital and student participation set a new high in Program VI. With continued cooperation and support, the Matching Program will have even greater participation during the coming year.

Straight Internships

According to a resolution introduced by the Reference Committee on Medical Education and Hospitals and adopted by the House of Delegates in June, 1956, the Council was requested to encourage rotating internships rather than straight internships, and was instructed to report to the House on this subject at the next annual session.

In line with these instructions, the Council deferred action on new applications for straight internships until it could make a study of the situation and the status could be clarified. In January, 1957, a letter was sent to the administrator of each hospital offering approved straight internships requesting a statement regarding its attitude toward straight internships and an opinion as to whether they should be discontinued in favor of rotating services. Ninety-two letters were sent out—to 63 hospitals affiliated with medical schools and to 29 nonaffiliated hospitals. Sixty-three replies were received from 46 affiliated hospitals offering 880 straight internships; and from 17 nonaffiliated hospitals offering 71 straight internships. Affiliated hospitals were unanimous in stating that straight internships should not be discontinued. Six of the 17 (35%) nonaffiliated hospitals favored elimination of the straight internships. Eighty-five per cent of the replies from affiliated institutions indicated that there is a place for both straight and rotating services, while 59% of the opinions expressed by the nonaffiliated hospitals were indicative of the same attitude. Opinions varied in almost every possible manner. There was even disagreement within individual hospitals. Vehement statements were received from numerous hospitals and individuals protesting the dictatorial attitude of the American Medical Association in attempting to regiment the type of internship.

The complete report of the survey was published in THE JOURNAL (164:64 [May 4], 1957). At its meeting in June, 1957, the Council studied this report carefully and reaffirmed its previous opinion: While it is the opinion of the Council that the best basic education is provided by a well organized and conducted rotating internship, it also believed that straight internships may be justified in the fields of medicine, surgery, pediatrics, and pathology for those medical school graduates who have definitely determined to follow a specialized or academic career. Therefore, the Council recommended that straight internships in medicine, surgery, pediatrics, and pathology be continued. This recommendation was concurred in by the Reference Committee on Medical Education and Hospitals. The Reference Committee also considered a resolution regarding straight internships in obstetrics-gynecology. Previous action taken discontinued straight internships in this field June 30, 1957. The Committee further recommended that consideration be given by the Council to applications for approval of straight internships in obstetrics-gynecology when such programs are of superior educational content and of comprehensive scope. The recommendations of the Reference Committee on Medical Education and Hospitals were adopted by the House of Delegates. The Council was authorized to accept new applications for approval of straight internships in medicine, surgery, pediatrics, pathology, and obstetrics-gynecology. A hospital requesting approval for straight internships in these fields must be approved for resident training in the specialty in which the straight internship is desired. A survey of the proposed program of training will be made by a representative of the Council. The program and the report of survey will then be considered by the Internship Review Committee at its next meeting, and the Council can act upon the recommendation of this Committee.

Foreign Medical School Graduates

According to a survey conducted by the Institute of International Education (Open Doors, 1957, New York, The Institute of International Education, 1957) there were 6,741 physicians from 88 countries receiving graduate medical training in approved American hospitals during the year 1956-1957. Of this number, 1,988 were interns, and 4,753 were residents. These figures represent a 12% increase in the number of foreign medical school graduates training in United States Hospitals when compared with last year's figure of 6,033.

The six countries having the largest representation were the Philippines, 1,332; Canada 576; Mexico 556; Turkey 427; Germany 324; and Greece 305.

It is anticipated that the Educational Council for Foreign Medical Graduates will begin full operations shortly. This Council plans to test the knowledge of foreign medical school graduates before they come to the United States for further medical training. Dr. Dean F. Smiley, Secretary of the Association of

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American Medical Colleges, has recently been appointed Executive Director of the Educational Council for Foreign Medical Graduates. An announcement concerning the Educational Council and its permanent address will be made soon.

RESIDENCIES

Although the number of approved programs and the number of positions offered increased slightly, the number of hospitals offering approved residencies remained practically constant; it decreased from 1,202 last year to 1,199 this year.

During the past year a Residency Review Committee for Anesthesiology, composed of representatives of the American Board of Anesthesiology and of the Council, was organized. This, with the committees in dermatology, neurological surgery, ophthalmology, orthopedic surgery, pediatrics, physical medicine, preventive medicine, proctology, psychiatry and neurology, radiology, and urology, makes a total of 12 committees representing the appropriate American Boards and the Council; committees in surgery, plastic surgery, and otolaryngology include representatives of the American College of Surgeons, and the Committee for internal medicine includes representatives of the American College of Physicians. The Committee for General Practice is made up of representatives of the American Academy of General Practice and of the Council. Three specialties—obstetrics-gynecology, pathology, and thoracic surgery—remain in which the Council approves programs in concurrence with the board concerned, each organization taking unilateral action.

The following section of the report presents data on the number of residencies by type of hospital control and by bed capacity of the hospital in which the training is conducted. The numbers of residencies filled and vacant represent the situation as of Sept. 1, 1956. The total number of residency appointments available increased from 26,516 reported last year, to 28,528 this year, an increase of 8%. The percentage of residencies filled was 81%, or almost exactly the same as it had been for the two years immediately preceding.

Number of Residencies, by Specialties

Table 8 presents a breakdown by specialties of the number of approved programs, the number of first-year appointments filled and vacant as of Sept. 1, 1956, and the total number of appointments filled and vacant as of the same date. There were 5,134 separate programs, offering 28,528 appointments, of which 11,950 were at the first-year level.

The number of hospitals approved for training varied from one in aviation medicine to 661 offering training in general surgery. Seven specialties—surgery, internal medicine, pathology, obstetrics-gynecology, radiology, psychiatry, and pediatrics—accounted for more than three-fourths of all residencies offered, with 21,715 positions out of a total of 28,528. There were less than 100 appointments in each of the following fields: allergy, aviation medicine, cardiovascular disease, contagious disease, gastroenterology, malignant disease, plastic surgery, proctology and public health.

The percentage of first-year residencies filled varied from 25% in public health to 100% in aviation medicine. Similarly, for appointments at all levels, the percentage filled in public health was the lowest, 25%, while those in aviation medicine had the highest occupancy rate, 100%.

TABLE 8.—*Number of Residencies, by Specialty, 1956-1957*

Specialty	No. of Approved Programs	No. of Residencies: 1st Yr. Appointments: Filled Sept. 1, 1956	1st Yr. Appointments: Vacant Sept. 1, 1956	1st Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1956	Total Appointments (All Yr.): Vacant Sept. 1, 1956	Total Appointments (All Yr.): Percentage Filled
Allergy	21	13	12	52	17	17	50
Anesthesiology	211	435	142	75	956	254	79
Aviation medicine	1	1	...	100	2	...	100
Cardiovascular disease	44	38	10	79	77	18	81
Contagious disease	4	6	1	85	8	2	80
Dermatology	78	103	16	87	254	36	88
Gastroenterology	32	27	4	87	55	8	87
General practice	169	365	133	71	461	181	72
Internal medicine	996	1,819	410	82	4,135	946	81
Malignant disease	9	15	2	88	21	6	78
Neurological surgery	98	81	21	79	294	52	85
Neurology	103	123	47	72	250	103	71
Obstetrics-gynecology	473	860	104	89	2,126	240	90
Occupational medicine	...	...	...	...	...	...	...
Ophthalmology	164	222	35	86	565	86	87
Orthopedic surgery	265	267	78	77	885	177	83
Otolaryngology	123	119	44	73	332	113	73
Pathology	602	613	304	67	1,420	800	64
Pediatrics	266	715	87	89	1,437	190	88
Physical medicine	58	59	43	54	104	96	52
Plastic surgery	38	28	10	74	72	14	84
Proctology	13	9	5	64	22	9	71
Psychiatry	274	857	368	70	2,166	802	73
Public health	15	12	36	25	22	65	25
Pulmonary diseases	107	177	69	72	247	95	72
Radiology	394	445	196	69	1,259	434	74
Surgery	661	1,828	247	88	5,156	604	89
Thoracic surgery	87	74	13	85	167	24	82
Urology	218	158	60	60	502	144	79
Totals	5,134	9,458	2,492	79	23,012	5,516	81

Of those specialties constituting the majority of residencies offered, pathology, as last year, showed the lowest occupancy rate, 64%, while obstetrics-gynecology showed the highest, 90%. Fields in which less than three-fourths of the appointments offered were filled, included allergy, general practice, neurology, otolaryngology, pathology, physical medicine, proctology, psychiatry, public health, pulmonary disease, and radiology.

In summary, the increase of residency appointments, both absolute and percentage-wise, was greater in 1956-1957 than in 1955-1956, and the percentages of occupancy at all levels remained approximately the same.

Residencies, by Type of Hospital Control

A breakdown of residency appointment by type of hospital control is presented in table 9. Residency programs were offered in 119 federal hospitals, 314 other

TABLE 9.—*Number of Residencies, by Type of Hospital Control, 1956-1957*

Control	No. of Approved Hospitals	No. of Approved Programs	No. of Residencies: First Yr. Appointments: Filled Sept. 1, 1956	First Yr. Appointments: Vacant Sept. 1, 1956	First Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1956	Total Appointments (All Yr.): Vacant Sept. 1, 1956	Total Appointments (All Yr.): Percentage Filled
Federal								
U. S. Air Force	3	8	8	1	89	12	4	75
U. S. Army	12	77	112	66	63	308	164	65
U. S. Navy	9	79	104	38	73	257	128	67
U. S. Public Health Serv.	8	32	41	13	76	133	24	85
Veterans Administration	85	507	746	442	63	2,304	846	73
Other federal	2	13	25	...	100	66	3	96
Totals	119	716	1,036	560	65	3,080	1,169	72
Governmental (Nonfederal)								
State	157	580	1,558	405	79	3,874	875	82
County	74	295	627	145	81	1,422	316	84
City	78	456	1,164	186	86	2,847	404	88
City-county	14	90	124	31	80	282	82	77
Totals	314	1,406	3,461	731	83	8,403	1,612	84
Nongovernmental Nonprofit								
Church operated and church related	281	1,014	1,384	444	75	2,704	1,011	73
Other nonprofit	460	1,943	3,563	706	83	8,703	1,631	84
Totals	741	2,956	4,897	1,150	81	11,407	2,642	81
Proprietary								
Individual	3	4	3	1	75	8	1	89
Partnership	2	5	6	2	75	6	2	75
Corporation	20	32	43	12	78	86	25	77
Totals	25	41	52	15	78	100	28	79
Grand totals	1,199	5,134	9,458	2,492	79	23,012	5,516	81

governmental (nonfederal) hospitals, 741 nongovernment institutions, and 25 proprietary hospitals. The total number of residencies was almost equally divided between governmental and nongovernmental hospitals,

TABLE 10.—*Number of Residencies, by Bed Capacity, 1956-1957*

Classification	No. of Approved Hospitals	No. of Approved Programs	No. of Residencies: First Yr. Appointments: Filled Sept. 1, 1956	First Yr. Appointments: Vacant Sept. 1, 1956	First Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1956	Total Appointments (All Yr.): Vacant Sept. 1, 1956	Total Appointments (All Yr.): Percentage Filled
Less than 25 beds	1	2	4	...	100	6	4	60
25-49	17	21	15	6	71	42	12	78
50-99	57	65	107	19	85	242	38	87
100-199	205	385	606	146	81	1,271	300	81
200-299	305	986	1,367	367	79	3,061	771	79
300-499	305	1,698	2,497	720	78	5,804	1,692	78
500-over	304	1,937	4,775	1,163	80	12,364	2,591	83
Other	5	40	87	71	55	222	138	62
Grand totals	1,199	5,134	9,458	2,492	79	23,012	5,516	81

with the former having a total of 14,264 appointments, and the latter 14,177. The Veterans Administration offered 3,150 of the 4,249 appointments in federal hospitals.

Number of Residencies, by Hospital Bed Capacities

Excluding hospitals of less than 200 beds the hospitals offering residency training are, roughly speaking, divided into three categories 200-299 bed capacity, 300-499, and over 500 beds (table 10), with about 300 hospitals in each group. Seventy-five hospitals with less than 100 bed capacity and 205 with capacities of 100-199 beds offer approved programs. Approximately 92% of the positions offered are in hospitals of 200 or more bed capacity, and approximately 52% are in hospitals with 500 or more beds.

On the basis of such data as are available, it appears that the number of residencies is generally proportionate to the size of the hospital. However, these data do not eliminate the possibility that an individual hospital or individual service may have a disproportionately large resident staff.

RÉSUMÉ

This 31st Annual Report presents factual data on approved internships and residencies, primarily to assist medical students, interns, and residents in determining where they wish to continue their medical education. The report includes an analysis of statistical tables and graphs, in addition to information regarding the National Intern Matching Program, the Internship and Residency Review Committees, and a discussion of the straight internship. Following the report, complete lists of approved intern and residency training programs are published.

A total of 6,635 training programs at the graduate level (internships and residencies) were offered in 1,372 hospitals on Sept. 1, 1956. Of this number of hospitals, 156 offered approved intern training only; 513 offered approved resident training only; and 703 gave both intern and resident training. The number of approved intern positions has increased from 11,616 to 11,895 (2%) during the past year. Residency positions increased from 26,516 to 28,528 (8%) during the same period.

There was no appreciable change in the percentage of internships filled—83% for this year and also for the previous year. The occupancy rate for residency positions on Sept. 1, 1956, was 81%, as compared with the same figure of 81% for the previous year.

The status of straight internships has been clarified. The Council will continue to approve straight internships in medicine, surgery, pediatrics, and pathology. It will also approve straight internships in obstetrics-gynecology when these programs are of superior educational content and comprehensive scope.

Residency Review Committees are functioning effectively in 16 specialty fields and in General Practice. There are no Residency Review Committees in three specialties. Graduate training has been offered in 29 fields.

The Council has presented this Annual Report in the hope that it will be of assistance to all individuals and organizations interested in medical education at the graduate level.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to September 1, 1957

HOSPITALS, 854, INTERNSHIPS, 12,404

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed, and straight:

1. A rotating internship is defined as one that provides supervised experience in internal medicine, surgery, pediatrics, obstetrics, and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one that provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one that provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, pathology, and obstetrics-gynecology.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols **X** and **x**. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 89 placed immediately after the symbol **X** or **x**. The list of medical schools appears on page 482. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables. When applying for internships in Air Force, Army, Navy or Public Health Service hospitals, applications should be directed to the medical departments of the Air Force, Army, Navy, or the United States Public Health Service and not to the individual hospitals. Although applications are made to the service rather than to the individual hospitals, all of the services ask students to list three hospitals in order of preference. Every possible effort is made to place successful candidates in accordance with their desires. Because of the needs of the service it should be understood that students may, in some instances, be assigned to other hospitals than those for which they have indicated a preference.

Hospitals listed below (pages 461 to 481) make first year internship appointments through the National Intern Matching Program, Inc. The number and type of internships as listed represent appointments for the intern year 1958-1959.

FEDERAL

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES ARMY—Hospitals, 9; Internships, 164										
Letterman Army Hospital +[1-4-5] Presidio, San Francisco	Fed	900	10,934	Req	96	12	No	...		
Fitzsimons Army Hospital +[3-4] Denver 8	Fed	1,250	9,146	Req	88	12	No	...		
Walter Reed Army Hospital +[1-4-x19-20] (Army Medical Center) 6825 16th St., N.W., Washington 12, D.C.	Fed	1,250	13,737	Req	87	12	100	...		
U. S. Army Hospital +[1] Fort Benning, Ga.	Fed	600	12,373	Req	81	12	No	...	164 Rotating General	00411
									Office of the Surgeon General, Department of the Army, Washington 25, D.C. Attn. Chief Personnel Division	
Valley Forge Army Hospital [1-4] Phoenixville, Pa.	Fed	1,000	6,323	Req	85	12	101	...		
William Beaumont Army Hospital +[4] Hayes Ave., El Paso, Texas	Fed	650	12,516	Req	76	12	No	...		
Brooke Army Hospital +[1-3-4] Brooke Army Medical Center Fort Sam Houston, San Antonio, Texas	Fed	1,093	14,328	Req	91	12	No	...		
Madigan Army Hospital +[1-xI3] Fort Lewis, Tacoma 9, Wash.	Fed	600	11,387	Req	90	12	No	...		
Tripler Army Hospital +[1] Moanalua Gardens, Honolulu, T. H.	Fed	1,200	21,466	Req	75	12	No	...		
UNITED STATES AIR FORCE—Hospitals, 1; Internships, 84										
U. S. Air Force Hospital +[4] Lackland Air Force Base San Antonio, Texas 60 of the above 84 Air Force internships are divided among the Army hospitals listed above.	Fed	1,000	10,697	Req	75	12	No	...	84 Rotating General	00311
									Directorate of Staffing and Education, Office of the Surgeon General, Headquarters, U. S. Air Force, Washington 25, D. C.	
UNITED STATES NAVY—Hospitals, 14; Internships, 176										
U. S. Naval Hospital +[1-4-5] 8750 Mountain Blvd., Oakland 14, Calif.	Fed	1,325	14,374	Req	82	12	No	...		
U. S. Naval Hospital [1-4] Camp Pendleton, Oceanside, Calif.	Fed	1,109	11,364	Req	88	12	No	...		
U. S. Naval Hospital +[1-4] Park Blvd., San Diego 34, Calif.	Fed	2,250	28,348	Req	90	12	No	...	176 Rotating General	00211
U. S. Naval Hospital [1-3] Jacksonville 14, Fla.	Fed	481	6,948	Req	88	12	No	...	Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.	
U. S. Naval Hospital [1] Pensacola, Fla.	Fed	644	6,425	Req	56	12	No	...		
U. S. Naval Hospital +[1-3-4] Great Lakes, Ill.	Fed	800	12,137	Req	91	12	No	...		

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 482 and 483.

FEDERAL—Continued

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES NAVY—Continued										
U. S. Naval Hospital [1-3] Rockville Pike, Bethesda 14, Md.	Fed	1,000	13,591	Req	96	12	No	...		
U. S. Naval Hospital [1-4]-**x38-40** Chelsea 50, Mass.	Fed	550	7,621	Req	87	12	No	...		
U. S. Naval Hospital [1-4] Linden Blvd., St. Albans 25, N. Y.	Fed	1,225	10,976	Req	81	12	No	...		
U. S. Naval Hospital [1-3-4] 17th and Pattison Ave., Philadelphia 45	Fed	1,050	11,400	Req	63	12	No	...	200 Rotating General	00211
U. S. Naval Hospital [1-3] 3rd and Cypress Sts., Newport, R. I.	Fed	525	6,987	Req	88	12	No	...	Bureau of Medicine and Surgery, Navy Department Washington 25, D. C.	
U. S. Naval Hospital [1-3] Charleston, S. C.	Fed	250	5,050	Req	61	12	No	...		
U. S. Naval Hospital [1-3-4] Portsmouth, Va.	Fed	1,525	22,542	Req	87	12	No	...		
U. S. Naval Hospital [1-3] Bremerton, Wash.	Fed	325	5,112	Req	90	12	No	...		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 86										
U. S. Public Health Service Hospital [1-4-5] 15th Ave. and Lake St., San Francisco 18, Calif.	Fed	429	4,604	Req	77	12	102	...		
U. S. Public Health Service Hospital [1-4-5] 210 State St., New Orleans 18	Fed	393	4,748	Req	87	12	103	...	84 Rotating General	00111
U. S. Public Health Service Hospital [1-3-4] Wyman Park Dr. and 31st St., Baltimore 11	Fed	365	4,988	Req	77	12	104	...	2 Mix. Med. Surg.	00124
U. S. Public Health Service Hospital [1-3-5] 77 Warren St., Boston 35	Fed	248	3,198	Req	79	12	No	...	Public Health Service Hospitals, Public Health Service, Department of Health, Education and Welfare Washington 25, D. C. Attn. Chairman Committee on Residents and Interns	
U. S. Public Health Service Hospital [1-3-4] Bay St. and Vanderbilt Ave., Stapleton S.I., 4, N. Y.	Fed	800	8,157	Req	68	12	No	...		
U. S. Public Health Service Hospital [1-4] Hampton Blvd., Norfolk 8, Va.	Fed	247	4,225	Req	74	12	105	...		
U. S. Public Health Service Hospital [1-3-4]-**x86** 1131 14th Ave. S., Seattle 44	Fed	333	4,218	Req	82	12	106	...		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 30										
Freedmen's Hospital [1-4]-**X21** 6th and Bryant Sts., N. W., Washington 25, D. C.	Fed	470	8,575	Req	63	12	No	171FM	18 Rotating General	79811
Saint Elizabeths Hospital [1-3-4]-**x19-20** 2660 Nichols Ave., S. E., Washington 20, D. C.	Fed	411	1,327	Req	53	12	107	258	12 Rotating General	80411
VETERANS ADMINISTRATION—Hospitals, 6; Internships, 94										
Veterans Administration Hospital [1-3] 5901 E. 7th St., Long Beach 4, Calif.	Fed	1,600	10,073	Req	81	12	108	...	24 Rotating General	02811
Veterans Administration Hospital [1-4-5]-**X13** Wilshire and Sawtelle Blvds., Los Angeles 25	Fed	1,281	11,438	None	82	12	109	...	6 Straight Medicine 24 Rotating General 6 Straight Medicine	02832 03011 03832
Veterans Administration Hospital [1-3]-**X23** 5018 Peachtree Rd., N. E., Atlanta 19, Ga.	Fed	300	4,152	Req	72	12	110	...	7 Straight Medicine	11732
Veterans Administration Hospital [1-3]-**X66** 921 N. E. 13th St., Oklahoma City, 4, Okla.	Fed	488	5,118	None	80	12	111	...	4 Straight Medicine	58832
Veterans Administration Hospital [1-3]-**X79** 4500 S. Lancaster Rd., Dallas 2, Texas	Fed	397	4,792	None	80	12	112	...	16 Straight Medicine	72032
Veterans Administration Hospital [1-3]-**X82** 12th Ave. and E St., Salt Lake City 13	Fed	194	2,092	Req	86	12	114	...	3 Rotating General 4 Straight Medicine	73811 ....
NONFEDERAL										
ALABAMA—Hospitals, 9; Internships, 121										
Birmingham Baptist Hospitals [1] 708 Tuscaloosa Ave., Birmingham 11	Church	300	13,195	Req	38	12	115	200FM	10 Rotating General	90811
Carraway Methodist Hospital [1-3] 2506 16th Ave. N., Birmingham 4	Church	240	12,017	Req	33	12	No	200FM	9 Rotating General	00611
St. Vincent's Hospital 2701 9th Ct. S., Birmingham 5	Church	200	8,060	Req	40	12	115	225-250FM	8 Rotating General	85111
South Highlands Infirmary [1-3] 1127 S. 12th St., Birmingham 5	Corp	158	6,068	Req	30	12	115	250PM	6 Rotating General	91911
University Hospital and Hillman Clinic [1-4]-**X10** 619 S. 19th St., Birmingham 3	State	660	25,459	Req	49	12	116	100FM	36 Rotating General 12 Straight Medicine 3 Straight Pediatrics	00711 00732 00734
Lloyd Noland Hospital [1-3] P. O. Box 538, Fairfield	NPCorp	305	10,405	Req	44	12	No	200FM	13 Rotating General	00811
Holy Name of Jesus Hospital [1-3] Moragne Park, Gadsden	Church	140	6,957	....	28	12	No	200PM	4 Rotating General	00911
Mobile County Hospital [1-3] 850 St. Anthony St., Mobile 16	CyCo	263	7,073	Req	50	12	No	200-250FM	15 Rotating General	85211
Druid City Hospital [1] 809 Birmingham Rd., Tuscaloosa	CyCo	247	13,501	Req	27	12	No	200FM	5 Rotating General	92011
ARIZONA—Hospitals, 5; Internships, 59										
Good Samaritan Hospital [1] 1033 E. McDowell Rd., Phoenix	Church	314	16,878	None	43	12	117	150FM	15 Rotating General	01111
Maricopa County General Hospital [1-3] 3435 W. Durango St., Phoenix	County	425	6,380	Req	51	12	No	150FM	12 Rotating General	89811
St. Joseph's Hospital [1-3] 350 W. Thomas Rd., Phoenix	Church	325	16,583	Req	54	12	117	150-200FM	15 Rotating General	01211
St. Mary's Hospital and Sanatorium [1-3] St. Mary's Rd., Tucson	Church	300	14,127	Req	43	12	118	100FM	9 Rotating General	01411
Tucson Medical Center [1-3] E. Grant Rd., at Beverly Blvd., Tucson	NPCorp	226	9,792	Req	58	12	118	100FM	8 Rotating General	01511
ARKANSAS—Hospitals, 3; Internships, 60										
Arkansas Baptist Hospital [1] 1700 W. 13th St., Little Rock	Church	379	14,220	None	29	12	No	200FM	16 Rotating General	01611
St. Vincent Infirmary [1-3] Markham and Hayes Sts., Little Rock	Church	310	13,898	Req	42	12	119	200FM	12 Rotating General	01711
University Hospital [1]-**X11** 4301 W. Markham St., Little Rock	State	236	6,698	Req	71	12	120	140	14 Rotating General 5 Straight Medicine 3 Straight Pediatrics 10 Mixed (Med.-Ped.)	01811 01832 01834 01848

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
CALIFORNIA—Hospitals, 43; Internships, 814										
General Hospital of Riverside County ✦[1] 9851 Magnolia Ave., Arlington	County	353	4,364	Req	38	12	121	205PM	10 Rotating General	85011
Herrick Memorial Hospital ✦[1-3-4] 2001 Dwight Way, Berkeley 4	NPCorp	201	8,083	Req	67	12	No	160FM	6 Rotating General	02011
San Joaquin General Hospital ✦[1] French Camp	County	700	7,210	Req	57	12	No	175FM	15 Rotating General	02111
General Hospital of Fresno County ✦[1-4] 4475 E. Ventura Ave., Fresno 2	County	660	10,009	Req	43	12	No	195PM	20 Rotating General	02211
Glendale Sanitarium and Hospital ✦[1] 1509 E. Wilson Ave., Glendale 6	Church	292	11,229	Req	69	12	No	300PM	12 Rotating General	02311
Loma Linda Sanitarium and Hospital ✦[1-3]x12 Loma Linda	Church	168	6,925	Req	75	12	No	192PM	10 Rotating General	02411
St. Mary's Long Beach Hospital ✦[3] 509 E. 10th St., Long Beach 13	Church	250	16,327	Req	38	12	No	125-150FM	6 Rotating General	02611
Seaside Memorial Hospital ✦[1-3] 1401 Chestnut Ave., Long Beach 13	NPCorp	374	17,240	Req	34	12	122	160PM	15 Rotating General	02711
California Hospital ✦[1-3] 1414 S. Hope St., Los Angeles 15	Church	305	14,364	Req	42	12	123	125FM	8 Rotating General	02911
Cedars of Lebanon Hospital ✦[1-3] 4833 Fountain Ave., Los Angeles 29	NPCorp	466	16,219	Req	56	12	122	100FM	15 Rotating General	03011
Childrens Hospital ✦[1-3]x14 4614 Sunset Blvd., Los Angeles 27	NPCorp	226	8,871	Req	94	12	No	75FM	2 Straight Pediatrics	03134
Hospital of the Good Samaritan ✦[1-3] 1212 Shatto St., Los Angeles 17	Church	472	15,619	Req	40	12	124	175FM	8 Rotating General	03211
Los Angeles County Hospital ✦[1-3]x12-14-x13 1200 N. State St., Los Angeles 33	County	3,132	86,619	Req	35	12	No	160	142 Rotating General 8 Straight Medicine	03311 03332
Presbyterian Hospital—Olmsted Memorial ✦[1-3] 1322 N. Vermont Ave., Los Angeles 27	Church	300	11,721	Req	29	12	No	140FM	10 Rotating General	03511
Queen of Angels Hospital ✦[1-3] 2301 Bellevue Ave., Los Angeles 26	Church	476	19,959	Req	44	12	125	150FM	16 Rotating General	03611
Santa Fe Coast Lines Hospital ✦ 610 S. St. Louis St., Los Angeles 23	NPCorp	196	5,134	Req	74	12	124	150FM	9 Rotating General	03811
University of California Hospital ✦[1-3]X13 10833 Le Conte Ave., Los Angeles 24	State	320	4,849	Req	80	12	No	160	12 Straight Medicine 9 Straight Surgery 6 Straight Pediatrics 2 Straight Pathology	95632 95633 95634 95636
White Memorial Hospital ✦[1-3]X12 1720 Brooklyn Ave., Los Angeles 33	Church	244	8,831	Req	59	12	No	205PM	16 Rotating General	04011
Highland-Alameda County Hospital ✦[1-4-5] 2701 14th Ave., Oakland 6	County	485	14,203	Req	58	12	126	100FM	34 Rotating General	04111
Kaiser Foundation Hospital ✦[1-3] 280 W. MacArthur Blvd., Oakland 11	NPCorp	300	11,487	Req	75	12	No	190	16 Rotating General	04211
Orange County General Hospital [1-3-4] 12071 Santa Ana Blvd., Orange	County	576	5,624	Req	47	12	No	285	20 Rotating General	04311
Collis P. and Howard Huntington Memorial Hospital ✦[1-3] 100 Congress St., Pasadena 2	NPCorp	200	11,305	Req	74	12	127	187PM	9 Rotating General	04411
Sacramento County Hospital ✦[1-5] 2315 Stockton Blvd., Sacramento 17	County	732	11,318	Req	59	12	No	120FM	24 Rotating General	04611
San Bernardino County Charity Hospital ✦x12 780 E. Gilbert St., San Bernardino	County	419	6,696	Req	58	12	No	130PM	14 Rotating General	04711
Mercy Hospital ✦[1-3] Hillcrest Dr., San Diego 3	Church	322	17,290	Req	50	12	No	150FM	12 Rotating General	04811
San Diego County General Hospital ✦[1-5] N. Front St., San Diego 3	County	789	8,832	Req	46	12	128	150FM	15 Rotating General	04911
Children's Hospital ✦[1-3]x16 3700 California St., San Francisco 18	NPCorp	235	8,269	Req	60	12	No	100FM	6 Rotating General	05011
Franklin Hospital ✦[1-3] 14th and Noe Sts., San Francisco 14	NPCorp	250	6,706	Req	38	12	No	150FM	16 Rotating General	05111
French Hospital ✦[1-3] 4131 Geary Blvd., San Francisco 18	NPCorp	205	6,114	Req	37	12	No	100FM	10 Rotating General	05211
Kaiser Foundation Hospital ✦[1-3] 2425 Geary Blvd., San Francisco 15	NPCorp	216	9,841	Req	74	12	No	190	16 Rotating General	95911
Mary's Help Hospital ✦[1-3] 145 Guerrero St., San Francisco 3	Church	180	7,642	Req	45	12	No	100FM	6 Rotating General	05311
Mount Zion Hospital ✦[1-3] 1600 Divisadero St., San Francisco 15	NPCorp	292	11,350	Req	66	12	No	100FM	13 Rotating General	05411
St. Luke's Hospital ✦[1-3] 1580 Valencia St., San Francisco 10	Church	229	9,682	Req	50	12	No	100FM	8 Rotating General	05611
St. Mary's Hospital ✦[1-3] 2200 Hayes St., San Francisco 17	Church	371	11,931	Req	66	12	No	100-150FM	15 Rotating General	05711
San Francisco Hospital ✦[1-4-5]X15-16 1001 Potrero Ave., San Francisco 10	CyCo	1,132	20,463	Req	46	12	129	140		
Stanford University Service Office of the Dean Stanford University School of Medicine 2398 Sacramento St., San Francisco 15									29 Rotating General	05911
University of California Service Dr. Isidore Edelman San Francisco Hospital									30 Rotating General	05811
Southern Pacific General Hospital ✦[1-3] 1400 Fell St., San Francisco 17	NPCorp	450	9,675	Req	70	12	130	125FM	23 Rotating General	06011
Stanford University Hospitals ✦[1-3]X15 Clay and Webster Sts., San Francisco 15	NPCorp	351	11,936	Req	76	12	No	25FM	7 Straight Medicine 7 Straight Surgery 1 Straight Pediatrics	06132 06133 06134
University of California Hospitals ✦[1-3]X16 (Herbert C. Moffitt Hospital) Parnassus and First Aves., San Francisco 22 Dr. J. B. Saunders, Dean University of California School of Medicine, San Francisco 22	State	470	12,645	Req	83	12	131	169	20 Rotating General 12 Straight Medicine 12 Straight Surgery 5 Straight Pediatrics 3 Straight Pathology	06111 06132 06133 06134 06136
Santa Clara County Hospital ✦[1-3-4] Los Gatos Rd., San Jose 28	County	438	6,165	Req	70	12	No	135FM	16 Rotating General	06311
Santa Barbara Cottage Hospital ✦[1-3] 320 W. Pueblo St., Santa Barbara	NPCorp	220	8,002	Req	63	12	132	175FM	10 Rotating General	06411
St. John's Hospital ✦ 1328 22nd St., Santa Monica	Church	275	12,596	Req	56	12	No	150FM	6 Rotating General	06511
Santa Monica Hospital [1-3] 1250 16th St., Santa Monica	Church	236	12,920	Req	49	12	133	125FM	8 Rotating General	06611
Harbor General Hospital ✦[1-3]X13 1124 W. Carson St., Torrance	County	688	11,508	Req	52	12	No	160	34 Rotating General	06711

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COLORADO—Hospitals 11; Internships, 137										
Glockner-Penrose Hospital ✦[1-3] 2200 N. Tejon St., Colorado Springs	Church	210	5,955	Req	71	12	No	150FM	2 Rotating General	06811
General Rose Memorial Hospital ✦[1-3] 1060 Clermont St., Denver 20	NPCorp	250	11,587	Req	55	12	No	250FM	9 Rotating General	06911
Mercy Hospital ✦[1-3] 1619 Milwaukee St., Denver 6	Church	250	10,241	Req	47	12	No	150FM	9 Rotating General	92211
Porter Sanitarium and Hospital ✦[1-3] 2525 S. Downing St., Denver 10	Church	210	8,418	Req	47	12	135	150PM	10 Rotating General	07111
Presbyterian Hospital ✦[1-3] 19th Ave. and Gilpin St., Denver 18	Church	198	8,818	Req	71	12	136	150FM	10 Rotating General	07211
St. Anthony Hospital ✦[1-3] W. 16th and Quitman Sts., Denver 4	Church	253	12,979	Req	61	12	No	150FM	9 Rotating General	07311
St. Joseph's Hospital ✦[1-3] 1818 Humboldt St., Denver 18	Church	372	15,296	Req	64	12	137	150FM	12 Rotating General	07411
St. Luke's Hospital ✦[1] 601 E. 19th Ave., Denver 3	Church	436	16,295	Req	60	12	136	215PM	12 Rotating General	07511
University of Colorado Medical Center Colorado General Hospital ✦[1-X17] 4200 E. 9th Ave., Denver 20	State	274	6,434	None	82	12	No	50FM	16 Rotating General 12 Community Rotating	07611 07610
Denver General Hospital ✦[1-3-4-X17] W. 6th Ave. and Cherokee St., Denver 4	CyCo	442	7,279	Req	59	12	134	105PM	16 Rotating General 16 Community Rotating	07711 07710
Weld County General Hospital ✦[1-3] 1801 16th St., Greeley	County	220	7,540	Req	51	12	No	100FM	4 Rotating General	85311
CONNECTICUT—Hospitals, 22; Internships, 228										
Bridgeport Hospital ✦[1-3] 267 Grant St., Bridgeport 10	NPCorp	387	14,071	Req	48	12	No	190FM	8 Rotating General 2 Straight Medicine 2 Straight Surgery	07911 07933 07933
St. Vincent's Hospital ✦[1-3] 2829 Main St., Bridgeport 6	Church	308	16,193	Req	49	12	No	250	15 Rotating General	08011
Bristol Hospital [1-3] Newell Rd., Bristol	NPCorp	160	7,024	Req	41	12	No	150FM	5 Rotating General	92311
Danbury Hospital ✦[1-3] 95 Locust Ave., Danbury	NPCorp	171	6,773	Req	52	12	No	200FM	7 Rotating General	08111
Griffin Hospital [3] Seymour Ave. and Division St., Derby	NPCorp	153	5,678	Req	47	12	138	200FM	6 Rotating General	97711
Greenwich Hospital ✦[1-3] Perryridge Rd., Greenwich	NPCorp	245	7,508	Req	71	12	139	100FM	9 Rotating General	08211
Hartford Hospital ✦[1-3-4] 80 Seymour St., Hartford 15	NPCorp	724	28,783	Req	67	24	No	50FM	18 Rotating General	08311
Hartford Municipal Hospital and Health Center ✦[1-3] 2 Holcomb St., Hartford 5	City	219	3,697	Req	51	12	No	120FM	9 Rotating General	08411
Mount Sinai Hospital [3] 500 Blue Hills Ave., Hartford 12	NPCorp	115	5,811	Req	51	12	No	200FM	6 Rotating General	85411
St. Francis Hospital ✦[1-3-4] 114 Woodland St., Hartford 5	Church	578	20,301	Req	47	12	No	100-125FM	15 Rotating General	08511
Manchester Memorial Hospital [1-3] 71 Haynes St., Manchester	NPCorp	163	8,029	Req	49	12	140	300PM	4 Rotating General	85511
Meriden Hospital ✦[1-3] 181 Cook Ave., Meriden	NPCorp	215	8,630	Req	47	12	No	150FM	4 Rotating General	08611
Middlesex Memorial Hospital ✦[1-3] 28 Crescent St., Middletown	NPCorp	168	7,498	....	50	12	No	150FM	6 Rotating General	08711
New Britain General Hospital ✦[1-3] 92 Grand St., New Britain	NPCorp	288	10,714	Req	63	12	No	175FM	8 Rotating General	08811
Grace-New Haven Community Hospital ✦[1-3-4-X18] 789 Howard Ave., New Haven 4	NPCorp	661	20,108	Req	64	12	141	25FM	18 Straight Medicine 15 Straight Surgery 7 Straight Pediatrics 6 Straight Pathology	08932 08933 08934 08936
Hospital of St. Raphael ✦[3] 1450 Chapel St., New Haven 11	Church	370	12,675	Req	35	12	No	125-205FM	12 Rotating General	08011
Lawrence and Memorial Hospitals ✦[1-3] 365 Montauk Ave., New London	NPCorp	224	10,216	Req	43	12	No	200FM	3 Rotating General	08211
Norwalk Hospital ✦[1-3] 24 Stevens St., Norwalk	NPCorp	310	11,798	Req	59	12	No	160FM	6 Rotating General	08311
William W. Backus Hospital [3] 326 Washington St., Norwich	NPCorp	145	6,458	Req	45	12	No	200FM	3 Rotating General	08411
Stamford Hospital ✦[1-3] 190 W. Broad St., Stamford	NPCorp	297	10,462	Req	59	12	No	100FM	10 Rotating General	08511
St. Mary's Hospital ✦[1-3] 56 Franklin St., Waterbury 6	Church	347	13,455	Req	38	12	No	200FM	7 Rotating General	08611
Waterbury Hospital ✦[1-4] 64 Robbins St., Waterbury 8	NPCorp	304	15,325	Req	57	12	No	200FM	9 Rotating General	08711
DELAWARE—Hospitals, 3; Internships, 34										
Delaware Hospital ✦[1-3-4] 501 W. 14th St., Wilmington 1	NPCorp	377	13,508	Req	72	12	No	190FM	16 Rotating General	08811
Memorial Hospital ✦[1-3-4-x68] 1501 N. Van Buren St., Wilmington 6	NPCorp	278	8,838	Req	60	12	No	150FM	12 Rotating General	08911
Wilmington General Hospital ✦[1-3] Chestnut at Broom St., Wilmington 5	NPCorp	187	7,193	Req	49	12	No	150FM	6 Rotating General	10011
DISTRICT OF COLUMBIA—Hospitals, 7; Internships, 149										
Central Dispensary and Emergency Hospital Washington	See Washington Hospital Center									
Dist. of Columbia General Hosp. ✦[1-3-4-X19-26-x21] 19th and E. Sts., S.E., Washington 3	City	1,093	23,038	Req	52	12	No	208	47 Rotating General	79911
Doctors Hospital ✦[1-3] 1815 Eye St. N.W., Washington 6	Corp	237	9,495	Req	67	12	142	150PM	6 Rotating General	79711
Garfield Memorial Hospital Washington	See Washington Hospital Center									
Georgetown University Hospital ✦[1-3-X19] 3800 Reservoir Rd. N.W., Washington 7	Church	363	13,409	Req	64	12	No	75FM	6 Straight Medicine 6 Mixed (Med.-Surg.)	80132 80134
George Washington University Hospital ✦[1-3-X20] 901 23rd St. N.W., Washington 7	NPCorp	410	16,780	Req	63	12	107	125PM	13 Rotating (Med. Maj.) 11 Rotating (Surg. Maj.) 2 Rotating (Path. Maj.)	80212 80213 80286
Providence Hospital ✦[1-3-4] 1150 Varnum St. N.E., Washington 17	Church	350	11,590	Req	49	12	No	250	18 Rotating General	80311

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
DISTRICT OF COLUMBIA—Continued										
Washington Hospital Center +[1-3-4] (Central Dispensary and Emergency Hospital and Garfield Memorial Hospital) 1st St. and Michigan Ave., N.W., Washington 11	NPCorp	595	20,851	Req	60	12	144	200FM	30 Rotating General	80011
Washington Sanitarium and Hospital [1-3] 7600 Carroll Ave., Washington 12	Church	240	8,110	Req	42	12	144	225PM	10 Rotating General	25411
FLORIDA—Hospitals, 12; Internships, 198										
Baptist Memorial Hospital +[1-3] 800 Miami Rd., Jacksonville 7	Church	306	8,513	Req	58	12	145	300	12 Rotating General	97011
Duval Medical Center +[1-3] 2000 Jefferson St., Jacksonville 8	County	335	8,464	Req	54	12	No	125FM	18 Rotating General	10111
St. Luke's Hospital + 8th St. and Boulevard, Jacksonville 8	NPCorp	215	10,159	Req	39	12	145	275	5 Rotating General	10211
St. Vincent's Hospital +[1-3] Barrs and St. Johns Ave., Jacksonville 4	Church	325	15,154	Req	46	12	No	200FM	18 Rotating General	10311
Jackson Memorial Hospital +[1-4]-**X22** 1700 N.W. 10th Ave., Miami 36	County	859	26,764	Req	48	12	No	50FM	60 Rotating General 6 Straight Medicine	10411 10432
Mount Sinai Hospital of Greater Miami +[1-3] 4300 Alton Rd., Miami Beach 40	NPCorp	258	9,924	Req	69	12	146	150FM	18 Rotating General	10511
St. Francis Hospital +[1-3] 250 W. 63rd St., Miami Beach 41	Church	240	7,296	Req	66	12	146	169FM	8 Rotating General	10611
Orange Memorial Hospital +[1-3] 1416 S. Kuhl Ave., Orlando	NPCorp	390	13,724	Req	46	12	No	300	12 Rotating General	10711
Sacred Heart Hospital +[1-3] 1010 N. 12th Ave., Pensacola	Church	130	6,537	Req	33	12	No	200FM	3 Rotating General	10811
Mound Park Hospital + 7th St. and 6th Ave. S., St. Petersburg 5	City	379	11,906	Req	29	12	147	260PM	12 Rotating General	91111
Tampa General Hospital +[1-3] Davis Islands, Tampa 6	City	300	14,071	Req	42	12	148	200FM	22 Rotating General	10911
St. Mary's Hospital 900 49th St., West Palm Beach	Church	200	7,790	Req	32	12	No	200PM	4 Rotating General	91411
GEORGIA—Hospitals, 12; Internships, 204										
Athens General Hospital [1] 797 Cobb St., Athens	County	150	4,309	Req	34	12	No	275PM	6 Rotating General	85611
*St. Mary's Hospital [1-3] 360 N. Milledge Ave., Athens	Church	160	4,696	Req	35	12	149	200FM	4 Rotating General	.....
Crawford W. Long Memorial Hospital +[1-3] 35 Linden Ave. N.E., Atlanta 3	NPCorp	481	21,750	Req	43	12	110	275	18 Rotating General	11111
Georgia Baptist Hospital +[1-3] 300 Boulevard N.E., Atlanta 12	Church	475	22,162	Req	49	12	No	280FM	20 Rotating General	11211
Grady Memorial Hospital +[1-3]-**X23** 36 Butler St. S.E., Atlanta 3	County	670	19,994	Req	52	12	No	10FM	20 Rotating General 16 Straight Medicine 12 Straight Surgery 4 Straight Pediatrics	11311 11332 11333 11334
Piedmont Hospital + 551 Capitol Ave. S.W., Atlanta	NPCorp	132	6,424	None	50	12	110	225PM	10 Rotating General	11411
St. Joseph's Infirmary +[1-3] 265 Ivy St. N.E., Atlanta 3	Church	300	13,346	Req	55	12	No	235PM	12 Rotating General	11511
University Hospital +[1-3]-**X24** University Pl., Augusta	City	421	13,090	Req	32	12	No	150PM	24 Rotating General	11611
Medical Center +[1-3] 700 19th St., Columbus	City	226	10,573	Req	40	12	No	200FM	12 Rotating General	11811
Emory University Hospital +[1-3]-**X23** Emory University	NPCorp	309	11,848	Req	60	12	No	165PM	8 Straight Medicine 6 Straight Surgery 2 Straight Pathology	11932 11933 11936
Macon Hospital +[1] 763 Hemlock St., Macon	CyCo	517	15,168	Req	30	12	No	200FM	20 Rotating General	12011
Memorial Hospital of Chatham County +[1-3] 63rd St. and Waters Ave., Savannah	Dist	299	....	Req	62	12	No	250FM	10 Rotating General	97111
ILLINOIS—Hospitals, 52; Internships, 782										
MacNeal Memorial Hospital +[1-3] 3249 S. Oak Park Ave., Berwyn	NPCorp	275	12,379	Req	36	12	No	100-150FM	12 Rotating General	12111
St. Francis Hospital [1-3] 12948 S. Gregory St., Blue Island	Church	160	6,765	Req	41	12	No	175FM	6 Rotating General	93211
American Hospital +[1-3] 850 W. Irving Park Rd., Chicago 13	NPCorp	152	5,310	Req	45	12	No	50FM	5 Rotating General	12311
Augustana Hospital +[1-3] 411 W. Dickens Ave., Chicago 14	Church	320	9,232	Req	50	12	No	100FM	12 Rotating General	12411
Chicago Wesley Memorial Hospital +[1-3]-**X26** 250 E. Superior St., Chicago 11	Church	568	17,084	None	64	12	150	50FM	32 Rotating General	16211
Columbus Hospital +[1] 2520 N. Lakeview Ave., Chicago 14	Church	350	11,311	....	53	12	151	75FM	20 Rotating General	12611
Cook County Hospital +[1-**X25-26-27-29** 1825 W. Harrison St., Chicago 12	County	3,200	72,386	Req	29	12	No	70FM	124 Rotating General	12711
Edgewater Hospital +[1-3] 5700 N. Ashland Ave., Chicago 26	NPCorp	288	11,320	Req	37	12	No	100FM	12 Rotating General	12811
Englewood Hospital +[3] 6001 S. Green St., Chicago 21	NPCorp	154	6,753	Req	48	12	No	150FM	6 Rotating General	12911
Evangelical Hospital [1-3] 5421 S. Morgan St., Chicago 9	Church	195	8,228	Req	40	12	No	150FM	7 Rotating General	13011
Grant Hospital +[1-**x29** 551 W. Grant Pl., Chicago 14	NPCorp	260	7,743	Req	50	12	150	200FM	9 Rotating General	13211
Hospital of St. Anthony de Padua +[1-3] 2875 W. 19th St., Chicago 23	Church	212	7,876	Req	36	12	No	200FM	8 Rotating General	13511
Illinois Central Hospital +[1-3]-**x29** 5800 Stony Island Ave., Chicago 37	NPCorp	306	7,866	Req	59	12	152	189FM	12 Rotating General	13611
Illinois Masonic Hospital +[1-3] 836 Wellington Ave., Chicago 14	NPCorp	360	12,307	Req	50	12	No	75-100FM	12 Rotating General	13711
Jackson Park Hospital [1-3] 7531 Stony Island Ave., Chicago 49	Corp	146	4,403	None	38	12	No	150FM	8 Rotating General	13811
Loretto Hospital +[1-3]-**x27** 645 S. Central Ave., Chicago 44	Church	150	5,629	Req	51	12	152	150FM	8 Rotating General	13911
Lutheran Deaconess Home and Hospital +[3] 1138 N. Leavitt St., Chicago 22	Church	186	6,622	Req	38	12	No	150FM	5 Rotating General	14011
Mercy Hospital +[1-3]-**X27** 2537 S. Prairie Ave., Chicago 16	Church	356	9,450	Req	48	12	No	200FM	15 Rotating General	14111

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Abbreviations and other references will be found on pages 482 and 483.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
ILLINOIS—Continued										
Michael Reese Hospital +[1-3]-X25-26..... 2839 S. Ellis Ave., Chicago 16	NPCorp	844	19,631	Req	61	12	No	100FM	38 Rotating General 1 Straight Medicine 2 Straight Surgery 1 Straight Pediatrics	14211 14232 14233 14234
Mount Sinai Hospital +[1-3]-X25..... 2750 W. 15th Pl., Chicago 8	NPCorp	373	12,509	Req	51	12	No	50-100FM	12 Rotating General	14411
Norwegian-American Hospital +[1-3]..... 1044 N. Francisco Ave., Chicago 22	NPCorp	171	6,524	Req	34	12	No	200FM	6 Rotating General	14511
Passavant Memorial Hospital +[1-3]-X26..... 303 E. Superior St., Chicago 11	NPCorp	263	8,592	None	71	12	150	25FM	12 Rotating General	14611
Presbyterian Hospital +[1]-X29..... 1753 W. Congress Pkwy., Chicago 12	Church	433	11,936	Req	71	12	No	100FM	26 Rotating General	14711
Provident Hospital +[3]..... 426 E. 51st St., Chicago 15	NPCorp	203	6,789	Req	51	12	No	175FM	9 Rotating General 1 Straight Surgery	14811 14833
Ravenswood Hospital +[1-3]..... 1931 Wilson Ave., Chicago 40	NPCorp	207	8,227	....	71	12	No	100FM	7 Rotating General	14911
Resurrection Hospital [3]..... 7435 W. Talcott Ave., Chicago 31	Church	188	8,691	Req	61	12	No	250FM	9 Rotating General	93711
Roseland Community Hospital [3]..... 45 W. 111th St., Chicago 28	NPCorp	101	4,161	Req	33	12	No	175FM	5 Rotating General	92411
St. Bernard's Hospital [1-3]..... 6337 S. Harvard Ave., Chicago 21	Church	189	5,176	None	32	12	No	150-200FM	8 Rotating General	15311
St. Elizabeth Hospital +[3]..... 1431 N. Claremont Ave., Chicago 22	Church	273	10,469	None	32	12	No	200FM	10 Rotating General	15411
St. Joseph Hospital +[1-3]-X27..... 2100 N. Burling St., Chicago 14	Church	197	6,566	Req	58	12	No	200FM	8 Rotating General	15511
St. Luke's Hospital +[1-3]-X29..... 1439 S. Michigan Ave., Chicago 5	NPCorp	527	14,066	Req	73	12	No	100FM	32 Rotating General	15611
St. Mary of Nazareth Hospital +[1-3]..... 1120 N. Leavitt St., Chicago 22	Church	268	8,644	Req	39	12	No	200FM	10 Rotating General	15711
South Chicago Community Hospital [1-3]..... 2320 E. 93rd St., Chicago 17	NPCorp	250	10,215	Req	31	12	No	150FM	8 Rotating General	15811
South Shore Hospital +[3]..... 8015 S. Luella Ave., Chicago 17	NPCorp	175	6,782	Req	30	12	No	150FM	7 Rotating General	92511
Swedish Covenant Hospital +[1-3]..... 5145 N. California Ave., Chicago 25	Church	225	6,801	Req	31	12	No	150FM	8 Rotating General	15911
University of Chicago Clinics +[1-3-4]-X28..... 950 E. 59th St., Chicago 37	NPCorp	681	16,639	Req	75	12	No	150PM	36 Rotating General 3 Straight Pediatrics	16011 16034
University of Illinois Research and Educational Hospitals +[1-4]-X29..... 840 S. Wood St., Chicago 12	State	612	11,325	Req	84	12	No	50FM	36 Rotating General	15011
Walther Memorial Hospital [1-3]..... 1116 N. Kedzie Ave., Chicago 51	Church	172	7,267	Req	36	12	No	100FM	7 Rotating General	16111
Woodlawn Hospital +[1-3]..... 6000 Drexel Ave., Chicago 37	NPCorp	150	5,025	Req	65	12	No	100FM	6 Rotating General	16411
Decatur and Macon County Hospital +..... 2300 N. Edward St., Decatur	NPCorp	330	11,715	Req	39	12	No	225FM	8 Rotating General	85711
St. Mary's Hospital [3]..... 129 N. 8th St., East St. Louis	Church	320	11,173	....	27	12	No	150FM	12 Rotating General	16511
Memorial Hospital of Du Page County [1-3]..... 189 Avon Rd., Elmhurst	NPCorp	193	10,448	Req	47	12	No	200FM	9 Rotating General	16611
Evanston Hospital +[1-3]-X26..... 2650 Ridge Ave., Evanston	NPCorp	325	11,398	Req	76	12	No	200	18 Rotating General	16711
St. Francis Hospital +[1]..... 355 Ridge Ave., Evanston	Church	389	15,083	Req	62	12	No	150FM	12 Rotating General	16811
Little Company of Mary Hospital +[1-3]..... 2800 W. 95th St., Evergreen Park 42	Church	467	19,725	Req	36	12	No	150FM	24 Rotating General	16911
Oak Park Hospital [1-3]..... 225 Wisconsin Ave., Oak Park	Church	242	8,748	Req	44	12	No	150FM	10 Rotating General	17211
West Suburban Hospital +[3]..... 518 N. Austin Blvd., Oak Park	NPCorp	329	12,298	Req	51	12	No	200FM	12 Rotating General	17311
Methodist Hospital of Central Illinois +[3]..... 221 N. Glen Oak Ave., Peoria	Church	347	13,267	Req	49	12	No	125FM	16 Rotating General	17411
St. Francis Hospital +[1]..... 530 N. Glen Oak Ave., Peoria	Church	616	19,163	Req	53	12	No	200FM	18 Rotating General	17511
Rockford Memorial Hospital +[1-3]..... 2400 N. Rockton Ave., Rockford	NPCorp	237	11,521	Req	68	12	No	150FM	8 Rotating General	17711
St. Anthony Hospital +[1-3]..... 1401 E. State St., Rockford	Church	240	9,073	....	44	12	No	150FM	6 Rotating General	17811
Swedish-American Hospital +[1]..... 1316 Charles St., Rockford	NPCorp	200	9,170	Req	63	12	No	150FM	6 Rotating General	17911
INDIANA—Hospitals, 17; Internships, 202										
St. Catherine Hospital [1-3]..... 4321 Fir St., East Chicago	Church	318	11,344	....	47	12	No	200FM	7 Rotating General	18111
Protestant Deaconess Hospital [1]..... 600 Mary St., Evansville 10	Church	278	12,404	Req	29	12	No	300FM	4 Rotating General	18211
St. Mary's Hospital [1-3]..... 3700 Washington Ave., Evansville 15	Church	354	8,939	Req	43	12	No	250FM	8 Rotating General	94111
Lutheran Hospital [1]..... 3024 Fairfield Ave., Fort Wayne 6	Church	280	8,298	Req	36	12	No	200FM	6 Rotating General	18311
Parkview Memorial Hospital [1-3]..... 2200 Randalia Dr., Fort Wayne 3	Church	242	9,748	Req	34	12	No	200-250FM	8 Rotating General	94011
St. Joseph's Hospital +[1-3]..... 730 W. Berry St., Fort Wayne 2	Church	271	9,625	Req	35	12	No	200-250FM	6 Rotating General	90411
Methodist Hospital +[1]..... 1600 W. 6th Ave., Gary	Church	242	12,526	Req	41	12	No	175FM	10 Rotating General	86011
St. Mary Mercy Hospital [1-3]..... 540 Tyler St., Gary	Church	282	11,416	Req	47	12	No	200FM	8 Rotating General	18411
St. Margaret Hospital +..... 25 Douglas St., Hammond	Church	350	14,538	None	36	12	No	300FM	12 Rotating General	18511
Indianapolis General Hospital +[1-4]-X30..... 960 Locke St., Indianapolis 7	County	689	12,262	Req	47	12	No	150PM	42 Rotating General	18611
Indiana University Medical Center +[1-4]-X30..... 1100 W. Michigan St., Indianapolis 7	State	549	11,617	None	69	12	153	115PM	26 Rotating General 4 Straight Surgery	18711 18733
Methodist Hospital +[1]..... 1604 N. Capitol Ave., Indianapolis 7	Church	666	27,256	Req	43	12	No	215PM	20 Rotating General	18811
St. Vincent's Hospital +[1-3]..... 730 W. Fall Creek Pkwy., Indianapolis 7	Church	300	12,736	Req	41	12	No	210PM	14 Rotating General	18911
St. Elizabeth Hospital +[1-3]..... 1021 N. 14th St., Lafayette	Church	285	10,649	Req	29	12	No	200FM	4 Rotating General	19011
Ball Memorial Hospital +[1]..... 2401 University Ave., Muncie	NPCorp	254	11,640	Req	43	12	No	250PM	8 Rotating General	19211

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
INDIANA—Continued										
Memorial Hospital ✦[1-3] 604 N. Main St., South Bend 1	NPCorp	225	9,927	Req	47	12	No	250FM	7 Rotating General	19311
St. Joseph's Hospital [1-3] 401 N. Notre Dame Ave., South Bend 22	Church	175	7,709	Req	40	12	154	250FM	8 Rotating General	19411
IOWA—Hospitals, 9; Internships, 84										
Mercy Hospital [1-3] 835 6th Ave. S.E., Cedar Rapids	Church	222	8,994	Req	45	12	No	200FM	6 Rotating General	19611
St. Luke's Methodist Hospital ✦[1-3] 1026 A Ave., N.E., Cedar Rapids	Church	300	12,880	Req	51	12	No	250FM	10 Rotating General	19711
Mercy Hospital [1-3]-X47 420 E. Washington Ave., Council Bluffs	Church	188	6,524	Req	30	12	No	200FM	4 Rotating General	19811
Broadlawns, Polk County Hospital ✦[1-3] 18th and Hickman Rd., Des Moines 14	County	237	4,540	Req	57	12	No	150FM	12 Rotating General	19911
Iowa Lutheran Hospital [1-3] 716 Parnell Ave., Des Moines 16	Church	200	8,229	Req	35	12	No	175FM	8 Rotating General	20011
Iowa Methodist Hospital ✦[1-3] 1200 Pleasant St., Des Moines 14	Church	396	16,244	Req	62	12	No	175FM	10 Rotating General	20111
Mercy Hospital ✦[1-3] 4th and Ascension Sts., Des Moines 14	Church	200	10,427	Req	59	12	155	175FM	10 Rotating General	20211
Mercy Hospital ✦[1-3] 214 N. Van Buren St., Iowa City	Church	190	6,043	....	35	12	No	150FM	4 Rotating General	86111
State University of Iowa Hospitals ✦[1-3-4]-X31 Newton Rd., Iowa City	State	900	21,045	Req	72	12	No	125FM	20 Rotating General	20311
KANSAS—Hospitals, 6; Internships, 95										
Bethany Hospital [1-3] 51 N. 12th St., Kansas City 7	Church	159	7,095	None	42	12	No	150FM	8 Rotating General	20511
St. Margaret's Hospital ✦ 8th St. and Vermont Ave., Kansas City 8	Church	215	5,534	....	45	12	No	225FM	6 Rotating General	20711
University of Kansas Medical Center ✦[1-3-4]-X32 39th and Rainbow Blvd., Kansas City 3	State	546	14,667	....	72	12	No	40PM	12 Rotating General 1 Straight Medicine 1 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology 5 Mixed (Med.-Surg.-Ped.) 1 Mixed (Path.-Med.) 1 Mixed (Path.-Surg.)	20811 20822 20833 20834 20836 20823 20827 20856
St. Francis Hospital ✦[1-3] 928 N. Emporia Ave., Wichita 5	Church	505	20,715	....	34	12	No	225FM	24 Rotating General	20711
Wesley Hospital ✦[1-3] 550 N. Hillside Ave., Wichita 6	Church	375	15,728	Req	38	12	156	220FM	16 Rotating General	21011
Wichita-St. Joseph Hospital ✦[1-3] 3400 Grand Ave., Wichita 17	Church	375	14,255	Req	42	12	157	200FM	16 Rotating General	21111
KENTUCKY—Hospitals, 9; Internships, 106										
St. Elizabeth Hospital ✦[1-3] 21st and Eastern Ave., Covington	Church	364	12,681	Req	34	12	No	200FM	12 Rotating General	21211
Good Samaritan Hospital ✦[1-3] 310 S. Limestone St., Lexington	Church	307	9,472	Req	32	12	No	150FM	12 Rotating General	21411
St. Joseph Hospital ✦[1-3] 544 W. 2nd St., Lexington	Church	243	8,969	Req	34	12	No	200FM	8 Rotating General	21511
Kentucky Baptist Hospital [3] 810 Barret Ave., Louisville 4	Church	345	15,402	Req	26	12	158	200FM	10 Rotating General	21611
Louisville General Hospital ✦[1-3-4]-X33 323 E. Chestnut St., Louisville 2	CyCo	386	10,021	Req	51	12	159	70FM	22 Rotating General 4 Straight Medicine 8 Straight Pediatrics	21711 21782 21734
Norton Memorial Infirmary ✦[1-3] 231 W. Oak St., Louisville 3	NPCorp	291	11,739	....	46	12	160	200FM	6 Rotating General	21811
St. Anthony Hospital ✦[1-3] 1313 St. Anthony Pl., Louisville 4	Church	216	10,728	Req	32	12	161	200FM	5 Rotating General	21911
St. Joseph Infirmary ✦[1-3] 735 Eastern Pkwy., Louisville 17	Church	436	19,999	Req	36	12	No	200FM	15 Rotating General	22011
SS. Mary and Elizabeth Hospital [3] 1367 S. 12th St., Louisville 10	Church	175	9,607	Req	33	12	160	200FM	4 Rotating General	22111
LOUISIANA—Hospitals, 9; Internships, 236										
Charity Hospital of Louisiana ✦[1-3-4]-X34-35 1532 Tulane Ave., New Orleans 12	State	2,874	61,807	Req	65	12	No	75FM	130 Rotating General	22411
Hotel Dieu ✦[1-3] 2004 Tulane Ave., New Orleans 16	Church	292	13,311	Req	38	12	No	150FM	12 Rotating General	22511
Mercy Hospital [3] 301 N. Jefferson Davis Pkwy., New Orleans 19	Church	191	10,448	Req	42	12	No	175FM	9 Rotating General	22611
Ochsner Foundation Hospital ✦[1-3] 1516 Jefferson Hwy., New Orleans 21	NPCorp	244	7,424	....	83	12	No	125FM	4 Straight Medicine	90632
Southern Baptist Hospital ✦[1-3] 2700 Napoleon Ave., New Orleans 15	Church	419	20,481	Req	51	12	No	175	20 Rotating General	22811
Touro Infirmary ✦[1-3]-X35 3516 Prytania St., New Orleans 15	NPCorp	457	21,313	Req	57	12	No	100FM	20 Rotating General	22911
Confederate Memorial Medical Center ✦[1-4] 1541 Kings Highway, Shreveport	State	1,000	22,573	Req	40	12	No	100FM	36 Rotating General	23211
North Louisiana Sanitarium [1] 1130 Louisiana Ave., Shreveport 7	Corp	130	5,267	Req	71	12	162	225FM	3 Rotating General	23011
T. E. Schumpert Memorial Sanitarium [1] 941 Margaret Pl., Shreveport 15	Church	107	6,868	None	34	12	No	250	2 Rot. (Surg. Major)	23113
MAINE—Hospitals, 4; Internships, 29										
Eastern Maine General Hospital ✦[1] 489 State St., Bangor	NPCorp	297	9,509	Req	47	12	No	75FM	8 Rotating General	23311
*Central Maine General Hospital ✦[1-3] 300 Main St., Lewiston	NPCorp	220	7,413	Req	51	12	No	190FM	6 Rotating General	.....
St. Mary's General Hospital [1-3] 318 Sabattus St., Lewiston	Church	150	4,621	Req	29	12	No	125FM	3 Rotating General	23511
Maine Medical Center ✦[1-3] 22 Bramhall St., Portland 4	NPCorp	400	10,155	Req	43	12	No	100FM	12 Rotating General	23611

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MARYLAND—Hospitals, 19; Internships, 302										
Baltimore City Hospital ✦[1-3-4]-X36-37 4940 Eastern Ave., Baltimore 24	City	1,150	12,649	Req	66	12	163	50FM	12 Rotating General 9 Straight Medicine 6 Straight Surgery 6 Straight Pediatrics 2 Straight Pathology 2 Mixed (Med.-Ped.) 2 Mixed (Ped.-Med.)	23711 23732 23733 23734 23736 23753 23754
Bon Secours Hospital ✦[3] 2025 W. Fayette St., Baltimore 23	Church	169	7,854	Req	37	12	No	225FM	6 Rotating General	23811
Church Home and Hospital ✦[1-3] Broadway and Fairmount Ave., Baltimore 31	Church	183	5,834	Req	63	12	104	175FM	8 Rotating General 1 Straight Medicine	23911 23932
Franklin Square Hospital ✦[1-3] 110 N. Calhoun St., Baltimore 23	NPCorp	175	5,796	Req	58	12	164	200FM	12 Rotating General	24011
Hospital for Women ✦[1-3] Lafayette Ave. and John St., Baltimore 17	NPCorp	151	6,960	Req	65	12	No	200FM	5 Mixed (Med.-Ob.-Gyn.)	24109
Johns Hopkins Hospital ✦[1-3-4]-X36 601 N. Broadway, Baltimore 5	NPCorp	997	23,010	Req	68	12	165	25FM	15 Straight Medicine 12 Straight Medicine (Private Wards) 21 Straight Surgery 12 Straight Pediatrics 3 Straight Pathology	24232 24238 24233 24234 24236
Lutheran Hospital ✦[1-3-4] 730 Ashburton St., Baltimore 16	Church	191	7,551	Req	39	12	104	200FM	7 Rotating General	24311
Maryland General Hospital ✦[1-3]-x37 Linden Ave. and Madison St., Baltimore 1	Church	390	7,420	Req	61	12	No	200FM	12 Rotating General	24411
Mercy Hospital ✦[1-3-4]-x37 Calvert and Saratoga Sts., Baltimore 2	Church	300	11,424	Req	48	12	No	225FM	16 Rotating General	24511
Provident Hospital and Free Dispensary ✦[3-4] 1514 Division St., Baltimore 17	NPCorp	137	4,378	Req	39	12	No	175FM	9 Rotating General	24611
St. Agnes Hospital ✦[1-3] 1000 Caton Ave., Baltimore 29	Church	217	8,364	Req	53	12	104	250FM	9 Rotating General	24711
St. Joseph's Hospital ✦[3] 1400 N. Caroline St., Baltimore 13	Church	250	8,086	Req	49	12	104	200FM	8 Rotating General	24811
Sinai Hospital ✦[1-3-4]-x36 1714 E. Monument St., Baltimore 5	NPCorp	312	12,765	Req	50	12	No	100FM	16 Rotating General 2 Straight Medicine 2 Straight Surgery 1 Straight Pediatrics	24911 24902 24933 24934
South Baltimore General Hospital ✦[1-3]-x37 1213 Light St., Baltimore 30	NPCorp	184	6,418	....	32	12	No	140FM	8 Rotating General	25011
Union Memorial Hospital ✦[1] 33rd and Calvert Sts., Baltimore 18	NPCorp	342	10,555	Req	44	12	No	200FM	16 Rotating General	25111
University Hospital ✦[1-3-4]-X37 Redwood and Greene Sts., Baltimore 1	State	604	14,767	Req	54	12	No	50FM	16 Rotating General 5 Straight Medicine 2 Straight Surgery 3 Straight Pediatrics 4 Mixed (Surg.-Ob.-Gyn.)	25211 25232 25233 25234 25236
*Suburban Hospital ✦[1-3] 8600 Old Georgetown Rd., Bethesda 14	NPCorp	200	6,687	Req	56	12	166	100FM	8 Rotating General	.....
Prince George's General Hospital ✦[1-3] Cheverly	County	235	11,524	Req	36	12	No	150FM	14 Rotating General	90511
Washington County Hospital ✦[1-3] King and Antietam Sts., Hagerstown	NPCorp	268	10,806	Req	25	12	No	200FM	10 Rotating General	94511
MASSACHUSETTS—Hospitals, 34; Internships, 386										
Beverly Hospital ✦[1-3] Herrick and Heather Sts., Beverly	NPCorp	186	6,610	Req	64	12	No	100FM	6 Rotating General	25511
Beth Israel Hospital ✦[1-3-4]-X39-40 330 Brookline Ave., Boston 15	NPCorp	324	11,816	Req	52	12	167	42FM	10 Straight Medicine 6 Straight Surgery	25632 25633
Boston City Hospital ✦[1-3-4]-X-38-39-40 818 Harrison Ave., Boston 18 Chrm. Com. Internship Exams	City I and III II and IV V and VI I III V	1,570 Medical Tufts Medical Harvard Medical Boston Univ. Surgical Tufts Surgical Boston Univ. Surgical Harvard Straight Specialties, Boston Univ. Pathology	30,038	Req	54	12	No	92FM	16 Straight Medicine 16 Straight Medicine 16 Straight Medicine 8 Straight Surgery 8 Straight Surgery 6 Straight Surgery 4 Straight Pediatrics 5 Straight Pathology	25793 25794 25795 25796 25798 25701 25704 25736
Carney Hospital ✦ 2100 Dorchester Ave., Boston 24	Church	294	9,534	Req	38	12	168	125FM	12 Rotating General	25811
Children's Medical Center ✦[1-3-4]X39 300 Longwood Ave., Boston 15	NPCorp	411	8,231	Req	86	12	169	FM	5 Straight Pediatrics 2 Straight Pathology	25634 25636
Massachusetts General Hospital ✦[1-3-4]-X39 Fruit St., Boston 14	NPCorp	927	21,789	Req	62	12	170	25FM	12 Straight Medicine 8 Straight Surgery 7 Straight Pediatrics 2 Straight Pathology	26132 26133 26134 26136
Massachusetts Memorial Hospitals ✦[1-3]-X38 750 Harrison Ave., Boston 18	NPCorp	316	6,907	Req	58	12	No	75FM	10 Straight Medicine 6 Straight Surgery 1 Straight Pathology	26232 26233 26236
New England Center Hospital ✦[1-3]-X40 Harrison Ave. and Bennet St., Boston 11	NPCorp	208	6,230	Req	67	12	171	83FM	10 Straight Medicine 8 Straight Surgery	26332 26333
New England Hospital ✦[3] Dimock St. and Columbus Ave., Boston 19	NPCorp	150	4,104	Req	33	12	172	50FM	4 Rotating General	26411
Peter Bent Brigham Hospital ✦[1-3-4]-X39 721 Huntington Ave., Boston 15	NPCorp	280	6,130	Req	73	12	173	25FM	13 Straight Medicine 6 Straight Surgery	26532 26533
St. Elizabeth's Hospital ✦[1-3]-X40 736 Cambridge St., Boston 35	Church	400	12,989	Req	49	12	No	110FM	14 Rotating General	26611
Brockton Hospital [1-3] 680 Centre St., Brockton 11	NPCorp	191	7,287	Req	40	12	No	250FM	4 Rotating General	26711
Cambridge City Hospital ✦[1-3]-x40 1493 Cambridge St., Cambridge 39	City	246	6,447	Req	52	12	No	140FM	12 Rotating General	26811
Mount Auburn Hospital ✦[1-3]-x39 330 Mount Auburn St., Cambridge 38	NPCorp	248	7,786	Req	56	12	174	100FM	6 Rotating General	26911
Truesdale Hospital ✦[1-3] 1820 Highland Ave., Fall River	NPCorp	152	4,402	Req	47	12	175	100FM	8 Rotating General	27011
Union Hospital [1-3] 300 Hanover St., Fall River	NPCorp	184	5,027	Req	29	12	No	100-150FM	6 Rotating General	86411
Holyoke Hospital [1-3-4] 575 Beech St., Holyoke	NPCorp	194	6,205	Req	41	12	No	100FM	2 Rotating General 2 Mixed (Med.-Surg.)	27311 27324
Lawrence General Hospital ✦[1-3] 1 Garden St., Lawrence	NPCorp	188	7,010	Req	62	12	No	100FM	4 Rotating General	27411
Lowell General Hospital ✦[1-3] 295 Varnum Ave., Lowell	NPCorp	210	6,410	Req	41	12	No	100-150FM	2 Rotating General	27511

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MASSACHUSETTS—Continued										
St. John's Hospital [3] 14 Bartlett St., Lowell	Church	183	7,025	Req	41	12	No	100FM	4 Rotating General	27611
St. Joseph's Hospital [3] 830 Merrimack St., Lowell	Church	190	7,232	Req	30	12	No	125FM	4 Rotating General	27711
Lynn Hospital ✦[1-3] 312 Boston St., Lynn	NPCorp	282	9,896	Req	59	12	No	100FM	10 Rotating General	27811
St. Luke's Hospital ✦[1-3] 101 Page St., New Bedford	NPCorp	338	11,687	Req	27	12	No	150FM	10 Rotating General	27911
Newton-Wellesley Hospital ✦[1-3] 2014 Washington St., Newton Lower Falls 62	NPCorp	235	7,818	Req	51	12	No	165FM	6 Rotating General	28011
St. Luke's Hospital [1-3] 379 East St., Pittsfield	Church	150	4,914	Req	46	12	No	150FM	3 Rotating General	28211
Quincy City Hospital ✦[1-3-4] 114 Whitwell St., Quincy 69	City	253	9,949	Req	48	12	No	137FM	12 Rotating General	28311
Salem Hospital ✦[1] 81 Highland Ave., Salem	NPCorp	243	7,986	Req	35	12	No	200-250FM	6 Rotating General	28411
Mercy Hospital [1-3] 233 Carew St., Springfield 4	Church	340	12,209	Req	29	12	No	200FM	6 Rotating General	28511
Springfield Hospital ✦[1-3] 759 Chestnut St., Springfield 7	NPCorp	362	10,727	Req	52	12	176	75FM	8 Rotating General	28611
Wesson Memorial Hospital [1-3] 140 High St., Springfield 5	NPCorp	173	6,887	None	39	12	176	100FM	4 Rotating General	28711
Waltham Hospital [1-3]-x40 Hope Ave., Waltham 54	NPCorp	147	5,642	Req	47	12	No	200FM	4 Rotating General	28811
Memorial Hospital ✦[1-3-4] 119 Belmont St., Worcester 5	NPCorp	290	9,928	Req	63	12	No	100-140FM	8 Rotating General	28911
St. Vincent Hospital ✦[1-3] 25 Winthrop St., Worcester 10	Church	557	14,392	Req	46	12	No	150FM	16 Rotating General	29011
Worcester City Hospital ✦[1-3-4] 71 Jacques Ave., Worcester 9	City	446	10,890	Req	46	12	No	115FM	18 Rotating General	29111
MICHIGAN—Hospitals, 38; Internships, 638										
St. Joseph Mercy Hospital ✦[1-3]-x41 326 N. Ingalls St., Ann Arbor	Church	445	12,425	Req	50	12	No	250FM	14 Rotating General	29211
University Hospital ✦[1-3-4]-X41 1313 E. Ann St., Ann Arbor	State	1,035	20,578	....	77	12	177	125	3 Rot. (Anes. Major) 2 Rot. (Derm. Major) 12 Rot. (Gen. Prac. Maj.) 8 Rot. (Med. Major) 2 Rot. (Neuro. Major) 3 Rot. (Ob-Gyn. Major) 1 Rot. (Ophth. Major) 1 Rot. (Otol. Major) 2 Rot. (Path. Major) 3 Rot. (Ped. Major) 2 Rot. (Phys. Med. & Rehab. Major) 14 Rot. (Surg. Major)	29377 29375 29381 29312 29374 29315 29379 29378 29386 29314 29380 29313
Leila Y. Post Montgomery Hospital ✦[1] 9 Emmett St., Battle Creek	Church	187	8,004	Req	36	12	No	250FM	5 Rotating General	29411
Mercy Hospital [1-3] 960 Agard St., Benton Harbor	NPCorp	161	6,321	Req	51	12	No	225FM	6 Rotating General	96011
Oakwood Hospital ✦[1] 18101 Oakwood Blvd., Dearborn 8	NPCorp	232	12,226	Req	56	12	178	200FM	10 Rotating General	94611
Detroit Memorial Hospital ✦[1-3] 1420 St. Antoine St., Detroit 26	NPCorp	322	10,710	Req	47	12	179	250FM	12 Rotating General	29611
Evangelical Deaconess Hospital ✦[1-3] 3245 E. Jefferson Ave., Detroit 7	Church	185	7,934	Req	44	12	180	242PM	8 Rotating General	29711
Grace Hospital ✦[1-3]-x42 4160 John R. St., Detroit 1	NPCorp	741	28,778	Req	45	12	179	250FM	24 Rotating General	29811
Harper Hospital ✦[1-3] 3825 Brush St., Detroit 1	NPCorp	616	23,329	Req	47	12	179	200	36 Rotating General	29911
Henry Ford Hospital ✦[1-3] 2799 W. Grand Blvd., Detroit 2	NPCorp	806	24,291	....	70	12	No	200	44 Rotating General	30011
Mount Carmel Mercy Hospital ✦[1-3-4] 6071 W. Outer Dr., Detroit 35	Church	560	24,221	Req	49	12	No	250FM	24 Rotating General	30211
Providence Hospital ✦[1] 2500 W. Grand Blvd., Detroit 8	Church	400	14,341	Req	52	12	181	250PM	12 Rotating General	30311
Receiving Hospital ✦[1-3]-X42 1326 St. Antoine St., Detroit 26	City	700	22,670	Req	58	12	182	240PM	66 Rotating General	29511
St. John Hospital ✦[1-3] 22101 Moross Rd., Detroit 36	NPCorp	272	12,206	Req	58	12	No	225FM	12 Rotating General	91511
St. Joseph Mercy Hospital ✦[1] 2200 E. Grand Blvd., Detroit 11	Church	225	9,315	Req	49	12	183	265FM	7 Rotating General	30411
Sinai Hospital ✦[1-4] 6767 W. Outer Dr., Detroit 35	NPCorp	230	9,549	Req	57	12	179	225PM	15 Rotating General	92611
Woman's Hospital ✦[1-3] 432 E. Hancock Ave., Detroit 1	NPCorp	384	12,368	Req	46	12	179	450	15 Rotating General	30511
Wayne County Gen. Hosp. and Infirmary ✦[1-3]-x42 Eloise	County	3,454	8,702	Req	32	12	184	281FM	36 Rotating General	30611
Hurley Hospital ✦[1-3] 6th Ave. and Begole St., Flint 2	City	600	22,775	None	61	12	No	250PM	38 Rotating General	30711
McLaren General Hospital ✦[1] 401 Ballenger Hwy., Flint 3	NPCorp	256	11,396	Req	59	12	No	250PM	12 Rotating General	89611
St. Joseph Hospital ✦[1-3] 302 Kensington Ave., Flint 2	Church	300	15,410	Req	58	12	185	275PM	14 Rotating General	30811
Blodgett Memorial Hospital ✦[1-3] 1840 Wealthy St. S.E., Grand Rapids 6	NPCorp	318	12,276	Req	68	12	186	225FM	16 Rotating General	30911
Butterworth Hospital ✦[1-3] 300 Bostwick Ave. N.E., Grand Rapids 3	NPCorp	419	16,999	Req	54	12	No	275PM	16 Rotating General	31011
St. Mary's Hospital ✦[1-3] 250 Cherry St. S.E., Grand Rapids 3	Church	341	15,681	Req	48	12	No	225FM	14 Rotating General	31111
Bon Secours Hospital ✦[3] 468 Cadieux Rd., Grosse Pointe 30	Church	157	7,029	Req	47	12	187	315FM	6 Rotating General	90611
Highland Park General Hospital ✦[1] 369 Glendale Ave., Highland Park 3	City	331	11,000	Req	58	12	188	275FM	14 Rotating General	31211
Borgess Hospital ✦[1-3] 1521 Gull Rd., Kalamazoo 62	NPCorp	267	9,105	....	42	12	No	250FM	6 Rotating General	31311
Bronson Methodist Hospital ✦[1] 252 E. Lovell St., Kalamazoo 8	Church	250	9,286	Req	56	12	No	240PM	6 Rotating General	31411
Edward W. Sparrow Hospital ✦[1-3] 1215 E. Michigan Ave., Lansing 12	NPCorp	296	14,533	Req	58	12	188	350	16 Rotating General	31511
St. Lawrence Hospital ✦[1-3] 1210 W. Saginaw St., Lansing 15	Church	275	12,415	Req	62	12	No	300FM	12 Rotating General	31611

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MICHIGAN—Continued										
Midland Hospital [1-3] 4005 Orchard Dr., Midland	NPCorp	160	7,220	Req	59	12	No	250FM	6 Rotating General	96111
Pontiac General Hospital *[1-3] 461 W. Huron St., Pontiac 18	City	198	12,821	Req	54	12	189	300PM	13 Rotating General	31811
St. Joseph Mercy Hospital *[1-3] 900 Woodward Ave., Pontiac 19	Church	310	15,463	Req	46	12	No	250FM	12 Rotating General	31911
William Beaumont Hospital *[1-3] 3601 W. 13 Mile Rd., Royal Oak	NPCorp	238	11,753	Req	66	12	279	250PM	12 Rotating General	97811
Saginaw General Hospital *[1-3] 1447 N. Harrison St., Saginaw	NPCorp	228	9,843	Req	65	12	190	295	6 Rotating General	32011
St. Luke's Hospital *[1-3] 705 Cooper St., Saginaw	Church	212	7,222	Req	66	12	No	250FM	8 Rotating General	32111
St. Mary's Hospital * 853 S. Jefferson Ave., Saginaw	Church	175	8,098	Req	51	12	No	310PM	6 Rotating General	32211
James Decker Munson Hospital [1] 6th St., Traverse City	NPCorp	208	7,436	....	39	12	No	275PM	6 Rotating General	32311
MINNESOTA—Hospitals, 15; Internships, 229										
St. Luke's Hospital *[1-3] 915 E. 1st St., Duluth 11	NPCorp	355	14,167	Req	73	12	191	125FM	18 Rotating General	32411
St. Mary's Hospital *[1-3] 429 E. 3rd St., Duluth 11	Church	400	11,240	Req	68	12	191	75FM	12 Rotating General	32511
Asbury Methodist Hospital *[1-3] 906 E. 15th St., Minneapolis 4	Church	168	7,203	Req	56	12	No	150FM	8 Rotating General	86711
Minneapolis General Hospital *[1-3]-X43 619 S. 5th St., Minneapolis 15	City	491	7,462	Req	69	12	No	50FM	39 Rotating General	32911
Mount Sinai Hospital *[1-3] 737 E. 22nd St., Minneapolis 4	NPCorp	224	9,740	Req	52	12	192	100FM	12 Rotating General	86811
Northwestern Hospital *[1-3] 810 E. 27th St., Minneapolis 7	NPCorp	261	11,643	....	71	12	No	175FM	8 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Pediatrics	33011 33032 33033 33034
St. Barnabas Hospital *[1-3] 920 S. 7th St., Minneapolis 4	Church	274	10,916	....	61	12	193	195PM	10 Rotating General	33111
St. Mary's Hospital *[1-3] 2540 S. 6th St., Minneapolis 6	Church	316	15,172	Req	72	12	192	150FM	10 Rotating General	33211
Swedish Hospital *[1-3] 914 S. 8th St., Minneapolis 4	NPCorp	420	18,177	None	42	12	143	150FM	8 Rotating General	33311
University of Minnesota Hospitals *[1-3-4]-X43 412 Union St., S.E., Minneapolis 14	State	639	13,229	Req	83	12	194	50FM	12 Rotating General 8 Straight Medicine 10 Straight Surgery 10 Straight Pediatrics	33411 33432 33433 33434
Ancker Hospital *[1-3]-X43 495 Jefferson Ave., St. Paul 1	CyCo	850	8,562	Req	62	12	No	75FM	26 Rotating General	33511
Bethesda Hospital [1-3] 559 Capitol Blvd., St. Paul 1	Church	172	9,247	Req	46	12	195	200FM	6 Rotating General	33611
Charles T. Miller Hospital *[1-3] 125 W. College Ave., St. Paul 2	NPCorp	360	12,282	Req	58	12	196	100FM	13 Rotating General	33711
St. Joseph's Hospital *[1-3] 69 W. Exchange St., St. Paul 2	Church	284	12,287	Req	58	12	No	100FM	12 Rotating General	33811
St. Luke's Hospital [1-3] 287 N. Smith Ave., St. Paul 2	NPCorp	208	6,747	Req	47	12	197	150FM	4 Rotating General	33911
MISSISSIPPI—Hospitals, 3; Internships, 40										
Mississippi Baptist Hospital *[1-3] 1190 N. State St., Jackson	Church	314	14,770	Req	27	12	No	100FM	12 Rotating General	34011
University Hospital *[1]-X44 2500 N. State St., Jackson	State	355	5,698	Req	57	12	No	200	24 Rotating General	95711
Mercy Hospital-Street Memorial *[1-3] 900 Crawford St., Vicksburg	Church	142	4,035	Req	30	12	198	100FM	4 Rotating General	34111
MISSOURI—Hospitals, 24; Internships, 424										
St. Louis County Hospital *[1-3] 601 S. Brentwood Blvd., Clayton 5	County	200	4,059	Req	62	12	No	150FM	10 Rotating General	34211
Kansas City General Hospital No. 1 *[1]-X32 24th and Cherry Sts., Kansas City 8	City	418	7,191	Req	59	12	No	150FM	30 Rotating General	34311
Menorah Medical Center *[1-3]-X32 4949 Rockhill Rd., Kansas City 10	NPCorp	329	10,421	Req	58	12	No	150FM	16 Rotating General	34511
Research Hospital *[1-3] 2300 Holmes St., Kansas City 8	NPCorp	258	7,847	Req	57	12	199	175FM	10 Rotating General	34611
St. Joseph Hospital * 2550 E. Linwood Blvd., Kansas City 28	Church	321	13,010	Req	65	12	No	200FM	16 Rotating General 3 Straight Surgery	34711 34733
St. Luke's Hospital *[1-3] 4400 J. C. Nichols Pkwy., Kansas City 11	Church	459	14,755	Req	67	12	199	200FM	18 Rotating General	34811
St. Mary's Hospital *[1-3] 701 Memorial Dr., Kansas City 8	Church	350	12,612	None	65	12	199	225FM	12 Rotating General	34911
Trinity Lutheran Hospital [1-3] 3601 Wyandotte St., Kansas City 8	Church	203	6,283	Req	53	12	199	200FM	8 Rotating General	35011
Missouri Methodist Hospital *[1] 8th and Faraon Sts., St. Joseph	Church	300	8,874	Req	32	12	No	175FM	4 Rotating General	35111
St. Joseph's Hospital [1-3] 923 Powell St., St. Joseph	Church	152	6,169	Req	41	12	No	200FM	4 Rotating General	35211
Barnes Hospital *[1-3]-X46 600 S. Kingshighway Blvd., St. Louis 10	NPCorp	949	27,191	Req	76	12	No	10FM	10 Str. Med. (Ward) 14 Str. Med. (Private) 14 Straight Surgery 5 Straight Pathology	35332 35331 35333 35336
Christian Hospital [1-3] 4411 N. Newstead Ave., St. Louis 15	Church	135	5,002	Req	38	12	No	175FM	5 Rotating General	35411
De Paul Hospital *[1-3] 2415 N. Kingshighway Blvd., St. Louis 13	Church	350	12,692	Req	43	12	No	150FM	12 Rotating General	35511
Evangelical Deaconess Hospital *[1-3] 6150 Oakland Ave., St. Louis 10	Church	388	8,407	Req	39	12	No	150FM	10 Rotating General	35611
Homer G. Phillips Hospital *[1-3]-x46 2601 N. Whittier St., St. Louis 13	City	654	17,131	Req	44	12	No	162	40 Rotating General	35711
Jewish Hospital *[1-3-4] 216 S. Kingshighway Blvd., St. Louis 10	NPCorp	295	9,774	Req	49	12	No	75FM	16 Rotating General	35811
Lutheran Hospital *[1-3] 3839 Miami St., St. Louis 18	Church	307	7,434	Req	43	12	No	150FM	12 Mixed (Med.-Surg.-Ob.-Gyn.)	35922
Missouri Baptist Hospital *[1-3] 919 N. Taylor Ave., St. Louis 8	Church	486	11,068	Req	41	12	No	125FM	12 Rotating General 2 Rot. (Med. Major) 2 Rot. (Surg. Major)	36011 36012 36013
St. Anthony's Hospital *[1-3]-x45 3520 Chippewa St., St. Louis 18	Church	250	8,986	Req	28	12	200	100FM	7 Rotating General	36111

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MISSOURI—Continued										
St. John's Hospital ✦[1-3]-**X45** 307 S. Euclid Ave., St. Louis 10	Church	359	11,503	Req	47	12	201	150FM	18 Rotating General	36211
St. Louis Children's Hospital ✦[1-3]-**X46** 500 S. Kingshighway Blvd., St. Louis 10	NPCorp	142	4,050	Req	70	12	202	10FM	8 Straight Pediatrics	88334
St. Louis City Hospital ✦[1-3]-**X45-46** 1515 Lafayette Ave., St. Louis 4	City	1,659	14,781	Req	61	12	No	140PM	60 Rotating General	36311
St. Luke's Hospital ✦[1] 5535 Delmar Blvd., St. Louis 12	Church	209	7,181	Req	62	12	201	200FM	12 Rotating General	36411
St. Mary's Group of Hospitals ✦[1]-**X45** 1402 S. Grand Blvd., St. Louis 4	Church	711	19,907	Req	61	12	201	85FM	16 Rotating General 8 Straight Medicine 8 Straight Surgery 2 Straight Pediatrics	36511 36532 36533 36534
MONTANA—Hospitals 3; Internships, 10										
Butte Community Memorial Hospital ✦[1-3] 400 S. Clark St., Butte	NPCorp	142	5,147	Req	35	12	No	150FM	2 Rotating General	94711
St. James Hospital [3] Silver and Idaho Sts., Butte	Church	169	5,482	Req	39	12	No	150FM	4 Rotating General	36611
Montana Deaconess Hospital ✦[1-3] 1109 6th Ave., N., Great Falls	Church	198	5,436	Req	41	12	No	150PM	4 Rotating General	36711
NEBRASKA—Hospitals, 9; Internships, 79										
Bryan Memorial Hospital [1-3]-**x48** 48S Sumner St., Lincoln 6	Church	120	4,538	Req	56	12	No	300FM	4 Rotating General	36811
Lincoln General Hospital ✦[1]-**x48** 2345 S. 17th St., Lincoln 2	NPCorp	173	5,944	Req	57	12	No	200FM	4 Rotating General	36911
St. Elizabeth Hospital ✦[1]-**X47** 1145 South St., Lincoln 2	Church	260	9,733	Req	34	12	No	300PM	6 Rotating General	37011
Bishop Clarkson Memorial Hospital ✦[1]-**x48** Dewey Ave. at 44th St., Omaha 5	Church	256	8,486	Req	47	12	203	150PM	11 Rotating General	37111
Creighton Memorial St. Joseph Hospital ✦[1-3]-**X47** 2205 S. 10th St., Omaha 8	Church	585	16,524	Req	47	12	No	150FM	16 Rotating General	37211
Immanuel Hospital ✦-**x48** 34th St. and Fowler Ave., Omaha 11	Church	122	4,857	Req	55	12	204	300	8 Rotating General	37311
Nebraska Methodist Hospital ✦[1-3]-**x48** 3612 Cuming St., Omaha 31	Church	257	8,142	Req	58	12	205	300	10 Rotating General	37411
St. Catherine's Hospital [3]-**X47** Forest Ave and 9th St., Omaha 8	Church	200	8,380	Req	45	12	206	200FM	8 Rotating General	37511
University of Nebraska Hospital ✦[1-3]-**X48** 42nd St. and Dewey Ave., Omaha 5	State	164	3,661	Req	80	12	206	150PM	12 Rotating General	37611
NEW HAMPSHIRE—Hospitals, 1; Internships, 16										
Mary Hitchcock Memorial Hospital ✦[1-3]-**X49** 2 Maynard St., Hanover	NPCorp	267	8,068	....	82	12	No	100PM	16 Rotating General	37711
NEW JERSEY—Hospitals, 41; Internships, 459										
Atlantic City Hospital ✦[1-3] 26 S. Ohio Ave., Atlantic City	NPCorp	247	8,599	Req	54	12	207	150FM	12 Rotating General	37811
Bayonne Hospital and Dispensary [1-3] 12 E. 30th St., Bayonne	NPCorp	208	6,963	Req	45	12	No	125FM	8 Rotating General	37911
Cooper Hospital ✦[1-3]-**X69x-71** 6th and Stevens Sts., Camden 3	NPCorp	422	14,411	Req	70	12	No	200FM	12 Rotating General	38011
Our Lady of Lourdes Hospital ✦-**x69** 1600 Haddon Ave., Camden 3	Church	278	9,490	Req	53	12	No	200FM	10 Rotating General	98311
West Jersey Hospital ✦[1-3] Mt. Ephraim and Atlantic Aves., Camden 4	NPCorp	276	9,267	Req	30	12	No	175FM	10 Rotating General	38111
East Orange General Hospital [3] Central and S. Munn Aves., East Orange	NPCorp	169	6,117	Req	35	12	No	125FM	4 Rotating General	38211
*Alexian Brothers Hospital [3] 655 E. Jersey St., Elizabeth 1	Church	158	4,690	Req	25	12	208	100FM	11 Rotating General	.....
Elizabeth General Hospital and Dispensary [1-3] 925 E. Jersey St., Elizabeth 4	NPCorp	243	10,576	Req	32	12	No	125FM	12 Rotating General	38411
St. Elizabeth Hospital [1-3] 204 S. Broad St., Elizabeth 2	Church	218	6,623	Req	23	12	No	100FM	9 Rotating General	38511
Englewood Hospital ✦[1-3] 350 Engle St., Englewood	NPCorp	270	7,716	Req	42	12	No	100FM	6 Rotating General	38611
Hackensack Hospital ✦[1-3] 22 Hospital Pl., Hackensack	NPCorp	337	13,103	Req	45	12	No	125FM	12 Rotating General	38711
St. Mary's Hospital [1-3] 4th St. and Willow Ave., Hoboken	Church	375	7,848	Req	36	12	No	100FM	13 Rotating General	38811
Christ Hospital ✦[1-3] 176 Palisade Ave., Jersey City 6	Church	330	8,935	Req	29	12	No	100FM	12 Rotating General	38911
Jersey City Hospital ✦[1-3-4] 50 Baldwin Ave., Jersey City 4	City	1,019	17,328	Req	31	12	209	67FM	38 Rotating General 12 Straight Medicine 5 Straight Surgery 2 Straight Pediatrics 1 Straight Pathology 5 Rotating General	39011 39032 39033 39034 39036 39111
St. Francis Hospital [1-3] 25 E. Hamilton Pl., Jersey City 2	Church	215	5,688	Req	39	12	209	100FM	8 Rotating General	39211
Monmouth Memorial Hospital ✦[1-3-4] 3rd and Pavilion Aves., Long Branch	NPCorp	350	12,459	Req	39	12	No	100FM	8 Rotating General	39211
Mountainside Hospital ✦[1-3-4] Bay and Highland Aves., Montclair	NPCorp	327	10,326	Req	58	12	No	200FM	11 Rotating General	39311
Morristown Memorial Hospital ✦[1-3] 100 Madison Ave., Morristown	NPCorp	236	8,811	Req	62	12	No	175FM	8 Rotating General	39411
Fitkin Memorial Hospital ✦[1-2] Corlies Ave., Neptune	NPCorp	200	9,461	Req	32	12	No	150FM	8 Rotating General	39511
Harrison S. Martland Medical Center ✦[1-3-4] 116 Fairmount Ave., Newark 7	City	846	13,403	Req	32	12	No	113FM	30 Rotating General	39811
Newark Beth Israel Hospital ✦[1-3-4] 201 Lyons Ave., Newark 12	NPCorp	421	14,910	Req	41	12	210	75FM	13 Rotating General	39711
Presbyterian Hospital ✦[1-3] 27 S. 9th St., Newark 7	NPCorp	252	11,160	Req	33	12	211	100FM	6 Rotating General	87211
Saint Barnabas Medical Center ✦[1-3] 685 High St., Newark 2	NPCorp	234	7,806	Req	37	12	No	100FM	8 Rotating General	39611
St. Michael's Hospital ✦[1] 306 High St., Newark 2	Church	403	13,580	Req	49	12	No	125FM	12 Rotating General	39911
Middlesex General Hospital [1-3] 18 Somerset St., New Brunswick	NPCorp	298	7,437	Req	37	12	No	150FM	10 Rotating General	97911
St. Peter's General Hospital ✦[1-3] 2[illegible]ton Ave., New Brunswick	Church	294	8,945	Req	55	12	No	135FM	10 Rotating General	40011

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NEW JERSEY—Continued										
Orange Memorial Hospital ✦[1-3] 188 S. Essex Ave., Orange	NPCorp	338	10,524	Req	44	12	No	125FM	8 Rotating General	40111
Bergen Pines County Hospital ✦[1-3] E. Ridgewood Ave., Paramus	County	622	3,801	Req	34	12	209	100FM	20 Rotating General	90811
Passaic General Hospital ✦[3] 350 Boulevard, Passaic	NPCorp	250	10,052	Req	38	12	No	100FM	5 Rotating General	40211
St. Mary's Hospital ✦[1-3] 211 Pennington Ave., Passaic	Church	192	6,743	Req	31	12	No	75FM	4 Rotating General	40311
Nathan and Miriam Barnert Memorial Hospital ✦[1-3] 680 Broadway, Paterson 4	NPCorp	147	5,868	Req	47	12	No	100PM	6 Rotating General	40411
Paterson General Hospital ✦[1-3] 528 Market St., Paterson 3	NPCorp	847	10,640	Req	38	12	No	125FM	12 Rotating General	40511
St. Joseph Hospital ✦[1-3] 703 Main St., Paterson 3	Church	442	12,339	Req	34	12	No	100FM	10 Rotating General	40611
Perth Amboy General Hospital [3] 530 New Brunswick Ave., Perth Amboy	NPCorp	352	15,402	....	34	12	No	100FM	14 Rotating General	87311
Muhlenberg Hospital [1-3-4] Park Ave. and Randolph Rd., Plainfield	NPCorp	400	14,353	Req	31	12	No	125-150FM	10 Rotating General	40711
Somerset Hospital [1-3] Rehill Ave., Somerville	NPCorp	215	8,432	Req	38	12	No	150FM	8 Rotating General	93411
Overlook Hospital ✦[3] 193 Morris Ave., Summit	NPCorp	251	9,123	Req	56	12	No	125FM	12 Rotating General	40811
Holy Name Hospital ✦[1-3] 718 Teaneck Rd., Teaneck	Church	183	8,306	Req	41	12	No	150FM	8 Rotating General	40911
Mercer Hospital ✦[1-3] 446 Bellevue Ave., Trenton 8	NPCorp	254	9,033	Req	45	12	No	150FM	9 Rotating General	41011
St. Francis Hospital ✦[1-3] 601 Hamilton Ave., Trenton 9	Church	357	11,744	Req	50	12	No	150FM	10 Rotating General	41111
William McKinley Memorial Hospital [1-3] 750 Brunswick Ave., Trenton 8	NPCorp	184	6,628	Req	39	12	No	180FM	5 Rotating General	41211
NEW MEXICO—Hospitals, 1; Internships, 9										
Bernalillo County-Indian Hospital ✦[1-3] 2211 Lomas Blvd., N.E., Albuquerque	County	215	5,257	Req	60	12	No	250FM	9 Rotating General	90211
NEW YORK—Hospitals, 105; Internships, 1,813										
Albany Hospital ✦[1-3-4]X50 New Scotland Ave., Albany 8	NPCorp	620	20,014	Req	62	12	No	135-160PM	24 Rotating General 5 Straight Medicine 12 Straight Surgery	41411 41432 41433
Memorial Hospital [1-3] 161 N. Pearl St., Albany 7	NPCorp	137	3,647	Req	41	12	No	130FM	10 Rotating General	41511
St. Peter's Hospital ✦[1-3] 632 New Scotland Ave., Albany 8	Church	292	8,292	Req	53	12	212	200FM	9 Rotating General	41611
Binghamton City Hospital ✦[1-3] Mitchell and Park Aves., Binghamton	City	402	11,002	Req	47	12-24	No	125FM	15 Rotating General	41811
Lawrence Hospital ✦[1-3] 55 Palmer Ave., Bronxville 8	NPCorp	201	5,806	Req	44	12	No	200FM	8 Rotating General	91611
Beth-El Hospital ✦[1-3] Linden Blvd. and Rockaway Pkwy., Brklyn 12	NPCorp	293	9,728	Req	41	12	No	100FM	18 Rotating General	41911
Brooklyn Hospital ✦[1-3]X57 121 De Kalb Ave., Brooklyn 1	NPCorp	338	9,241	....	49	12	No	160FM	14 Rotating General	42011
Coney Island Hospital ✦[1-3-4] Shore and Ocean Pkwy., Brooklyn 35	City	567	6,232	Req	35	12	No	71FM	29 Rotating General	42211
Cumberland Hospital ✦[1-3-4]x57 39 Auburn Pl., Brooklyn 5	City	307	7,280	Req	45	12	No	71FM	7 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Straight Pediatrics	42311 42332 42333 42334
Greenpoint Hospital ✦[1-3-4] Kingsland and Skillman Aves., Brooklyn 11	City	281	6,892	Req	28	12	No	71FM	12 Rotating General	42411
Jewish Hospital ✦[1-3-4]X57 555 Prospect Pl., Brooklyn 38	NPCorp	499	15,535	Req	42	12	No	50FM	28 Rotating General 4 Straight Medicine 4 Straight Pediatrics	42511 42532 42534
Kings County Hospital ✦[1-3-4]X57 451 Clarkson Ave., Brooklyn 3	City	3,221	60,553	Req	35	12	No	71FM	114 Rotating General 26 Straight Medicine 10 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology	42611 42632 42633 42634 42636
Long Island College Hospital ✦[1-3]X57 340 Henry St., Brooklyn 1	NPCorp	401	11,579	Req	43	12	No	131PM	16 Rotating General 2 Straight Medicine 1 Straight Surgery	42711 42732 42733
Lutheran Hospital [1-3] 22 Junius St., Brooklyn 12	Church	153	6,694	Req	37	12	No	200FM	8 Rotating General	97211
Lutheran Medical Center ✦[1-3] 4520 4th Ave., Brooklyn 20	Church	205	6,371	Req	65	12	No	50PM	10 Rotating General	43011
Maimonides Hospital ✦[1-3]X57 4802 10th Ave., Brooklyn 19	NPCorp	515	13,591	Req	34	12	No	50FM	24 Rotating General 7 Straight Medicine	42811 42832
Methodist Hospital ✦[1-3]x57 506 6th St., Brooklyn 15	Church	374	10,701	Req	39	12	No	150FM	12 Rotating General 2 Straight Medicine 1 Straight Surgery 1 Straight Pediatrics	42911 42932 42933 42934
Prospect Heights Hospital [1-3] 775 Washington Ave., Brooklyn 38	NPCorp	170	5,498	....	27	12	No	200PM	3 Rotating General 1 Rot. (Med. Major) 1 Rot. (Surg. Major)	87411 87412 87413
St. Catherine's Hospital ✦[1-3] 133 Bushwick Ave., Brooklyn 6	Church	282	7,903	Req	29	12	No	125FM	10 Rotating General	43111
St. John's Episcopal Hospital ✦[1-3] 480 Herkimer St., Brooklyn 13	Church	251	7,462	Req	36	12	No	160FM	9 Rotating General 1 Straight Medicine 3 Straight Surgery 1 Straight Pediatrics	43211 43232 43233 43234
St. Mary's Hospital ✦[1-3] 1298 St. Marks Ave., Brooklyn 13	Church	237	5,726	Req	40	12	No	125FM	8 Rotating General	43311
St. Peter's Hospital ✦[1-3] 380 Henry St., Brooklyn 1	Church	200	3,632	Req	34	12	No	100FM	4 Rotating General 2 Rot. (Med. Major) 2 Rot. (Surg. Major) 2 Rot. (Ped. Major) 2 Rot. (Ob.-Gyn. Major)	96711 96712 96713 96714 96715
Unity Hospital ✦[1-3] 1545 St. Johns Pl., Brooklyn 13	NPCorp	210	6,351	Req	28	12	No	100FM	8 Rotating General	43411
Wyckoff Heights Hospital ✦[1-3] 374 Stockholm St., Brooklyn 37	NPCorp	258	8,578	Req	27	12	No	100FM	8 Rotating General	43511

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
Allied Hospitals of the Sisters of Charity +1-3,. (Sisters of Charity and Emergency Hospitals) 2157 Main St., Buffalo 14	Church	607	22,424	Req	31	12	No	225FM	18 Rotating General	44111
Buffalo General Hospital +1-3-4-X51 100 High St., Buffalo 3	NPCorp	646	17,538	Req	63	12	213	150-200FM	18 Rotating General 3 Straight Medicine 3 Straight Surgery	43611 43632 43633
Children's Hospital +1-3-4-X51 219 Bryant St., Buffalo 22	NPCorp	260	11,700	Req	86	12	No	100FM	6 Straight Pediatrics	96534
Deaconess Hospital +1-3 563 Riley St., Buffalo 8	NPCorp	285	10,139	Req	38	12	214	250FM	14 Rotating General	43711
Edward J. Meyer Memorial Hospital +1-4-X51 462 Grider St., Buffalo 15	County	989	12,354	Req	41	12	No	233PM	24 Rotating General	43811
Mercy Hospital +1-3 565 Abbott Rd., Buffalo 20	Church	360	12,862	Req	41	12	No	200-225FM	20 Rotating General	43911
Millard Fillmore Hospital +1-3-4-x51 3 Gates Circle, Buffalo 9	NPCorp	563	19,303	Req	45	12	213	260	15 Rotating General	44011
Sisters of Charity Hospital Buffalo 14	See Allied Hospitals of the Sisters of Charity									
Mary Imogene Bassett Hospital +1-3-x59-X53 Atwell Rd., Cooperstown	NPCorp	112	3,382	Req	63	12	No	110PM	9 Rotating General 1 Straight Medicine	44211 44232
Elmhurst General Hospital +1-3-4 79-01 Broadway, Elmhurst 73 (Replacing New York City Hospital)	City	823	11,631	Req	25	12	No	71FM	36 Rotating General	49111
Arnot Ogden Memorial Hospital +1-3 Roe Ave., Elmira	NPCorp	213	7,770	Req	46	12	No	200FM	4 Rotating General	44311
St. Joseph's Hospital +1-3 555 E. Market St., Elmira	Church	229	8,879	Req	38	12	No	300PM	4 Rotating General	44411
Flushing Hospital and Dispensary +1-3 44-14 Parsons Blvd., Flushing 55	NPCorp	313	12,267	Req	45	12	No	150FM	12 Rotating General	44511
Community Hospital 1-3 St. Andrews Lane, Glen Cove	NPCorp	183	7,935	Req	43	12	No	200FM	8 Rotating General	44611
Glens Falls Hospital +1-3 100 Park St., Glens Falls	NPCorp	240	11,488	Req	35	12	No	200FM	6 Rotating General	44711
Meadowbrook Hospital +1-3 Bethpage Tpke. and Carman Ave., Hempstead	County	600	14,348	Req	47	12	No	150FM	34 Rotating General	44811
Jamaica Hospital +1-3 80th Ave. and Van Wyck Expwy., Jamaica 18	NPCorp	268	9,017	Req	35	12	No	125FM	12 Rotating General	44911
Mary Immaculate Hospital +1-3-4 152-11 89th Ave., Jamaica 32	Church	295	9,263	Req	36	12	No	150FM	8 Rotating General	45011
Queens General Hospital +1-3-4 82-68 164th St., Jamaica 32	City	1,430	13,899	Req	37	12	No	71FM	34 Rotating General	45111
Charles S. Wilson Memorial Hospital +1-3 33 Harrison St., Johnson City	NPCorp	450	13,437	Req	36	12	No	200PM	12 Rotating General	45211
Our Lady of Victory Hospital +3 800 Ridge Rd., Lackawanna 18	Church	260	9,112	Req	28	12	No	150FM	9 Rotating General	45311
St. John's Long Island City Hospital +1-3 25-01 Jackson Ave., Long Island City 1	Church	222	6,104	Req	29	12	No	100FM	16 Rotating General	45411
Nassau Hospital +1-3 1st St., Mineola	NPCorp	311	13,754	Req	43	12	No	150FM	6 Rotating General	45511
Northern Westchester Hospital 1-3 E. Main St., Mount Kisco	NPCorp	145	5,199	Req	40	12	No	100FM	4 Rotating General	45611
Mount Vernon Hospital +1-3 12 N. 7th Ave., Mount Vernon	NPCorp	265	8,500	Req	45	12	No	100FM	12 Rotating General	45711
St. Luke's Hospital 1-3-4 70 Dubois St., Newburgh	NPCorp	194	7,402	Req	27	12	No	200FM	8 Rotating General	45811
Long Island Jewish Hospital +1-3-4 270-05 76th Ave., New Hyde Park	NPCorp	249	8,340	Req	66	12	No	50FM	14 Rotating General	96311
New Rochelle Hospital +1-3-4 16 Guion Pl., New Rochelle	NPCorp	337	10,463	Req	36	12	No	200FM	10 Rotating General	45911
Bellevue Hospital Center +1-3-4-X53-54-56 1st Ave. and 27th St., New York 16	City	2,684	45,505	Req	40	12	...	71FM		
First Medical Division— Columbia University +1-3 Dr. Dickinson W. Richards	.....	....	.....	Req	..	12	No	71FM	12 Mixed (Med.-Chest-Surg. or Path.)	46067
First Surgical Division— Columbia University +1-3 Dr. Kenneth M. Lewis, Sr.	.....	....	.....	Req	..	12	No	71FM	4 Rot. (Surg. Major) 2 Straight Surgery	46113 46133
Second Medical Division— Cornell University +1-3 Dr. Thomas P. Almy	.....	....	.....	Req	..	12	215	71FM	24 Straight Medicine 2 Mixed (Med.-Path.)	46232 46227
Second Surgical Division— Cornell University +1-3 Dr. Cranston W. Holman	.....	....	.....	Req	..	12	No	71FM	7 Straight Surgery	46333
Third Medical Division— New York Univ. Col. of Med. +1-3 Dr. William S. Tillett	.....	....	.....	Req	..	12	No	71FM	12 Straight Medicine 4 Mixed (Med.-Surg.)	46432 46424
Third Surgical Division— New York Univ. Col. of Med. +1-3 Dr. John H. Mulholland	.....	....	.....	Req	..	12	No	71FM	6 Straight Surgery 4 Mixed (Surg.-Med.)	46533 46524
Third Division, Dept. of Pathology— New York Univ. Col. of Med. +1-3 Dr. Marvin Kuschner	.....	....	.....	....	..	12	No	71FM	1 Straight Pathology	93036
Third Division, Dept. of Pediatrics— New York Univ. Col of Med. +1-3 Dr. L. Emmett Holt, Jr.	.....	....	.....	Req	..	12	No	71FM	10 Straight Pediatrics	92934
Fourth Medical Division— New York Univ. Post-Graduate Medical School +1-3 Dr. Charles F. Wilkinson, Jr.	.....	....	.....	....	..	12	216	71FM	11 Straight Medicine	46632
Fourth Surgical Division— New York Univ. Post-Graduate Medical School +1-3-4 Dr. J. William Hinton	.....	....	.....	Req	..	12	No	71FM	8 Straight Surgery	46733
Beth David Hospital (42nd St.) +1-3 321 E. 42nd St., New York 17	NPCorp	280	5,173	Req	27	12	No	70FM	14 Rotating General	46911
Beth Israel Hospital +1-3-4 10 Nathan D. Perlman Pl., New York 3	NPCorp	358	8,957	Req	45	12	No	110PM	16 Rotating General	47011
Bronx Hospital +1-3-4 1276 Fulton Ave., New York 56	NPCorp	329	8,727	Req	31	12	No	50FM	9 Rotating General	47111
Bronx Municipal Hospital Center +1-3-4-X52 Pelham Pkwy. and Eastchester Rd., New York 61	City	731	6,428	Req	54	12	No	71FM	16 Straight Medicine 12 Straight Surgery 10 Straight Pediatrics	93132 93133 93134

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NEW YORK—Continued										
Columbus Hospital *[8] 227 E. 19th St., New York 3	Church	359	7,050	Req	38	12	No	75FM	12 Rotating General	47211
Fordham Hospital [1-3-4] Southern Blvd. and Crotona, New York 58	City	414	8,372	Req	29	12	No	71FM	17 Rotating General	47411
Forty-Second St. Beth David Hospital New York 17	See Beth David Hospital									
French Hospital [1-3] 330 W. 30th St., New York 1	NPCorp	239	6,055	Req	42	12	217	50FM	9 Rotating General	47511
Harlem Hospital [1-3-4] 532 Lenox Ave., New York 37	City	798	15,817	Req	31	12	No	71FM	42 Rotating General	47811
Hospital for Joint Diseases [1-3-4] 1919 Madison Ave., New York 35	NPCorp	305	5,687	Req	44	12	218	50FM	6 Rotating General	47911
Jewish Memorial Hospital [1-3-4] 196th St. and Broadway, New York 40	NPCorp	185	6,169	Req	31	12	No	75FM	4 Rotating General	48011
Knickerbocker Hospital [1-3] 70 Convent Ave., New York 27	NPCorp	220	5,084	Req	41	12	219	100FM	6 Rotating General 3 Straight Medicine 3 Straight Surgery 1 Mixed (Med.-Surg.)	48111 48132 48133 48124
Lebanon Hospital [1-3] 1650 Grand Concourse, New York 57	NPCorp	240	7,291	Req	46	12	No	50FM	13 Rotating General 1 Straight Medicine 1 Straight Surgery	48211 48232 48233
Lenox Hill Hospital [1-3-4] 111 E. 76th St., New York 21	NPCorp	489	12,226	Req	41	12	220	80PM	23 Rotating General	48311
Lincoln Hospital [1-3-4] 320 Concord Ave., New York 54	City	404	12,134	Req	30	12	No	71FM	12 Rotating General	48411
Misericordia Hospital [1-3] 531 E. 86th St., New York 28	Church	183	4,749	Req	29	12	No	75FM	10 Rotating General	48611
Montefiore Hospital [1-3-X53] 210th St. and Bainbridge Ave., New York 67	NPCorp	651	8,585	None	49	12	No	55FM	25 Mixed (Med.-Surg.-Pul.-Neurology-Neoplastic)	48785
Morrisania City Hospital [1-3-4] 1230 Gerard Ave., New York 52	City	461	11,643	Req	35	12	No	71FM	18 Rotating General	48811
Mother Cabrini Memorial Hospital [1-3] 611 Edgecombe Ave., New York 32	Church	170	3,818	Req	21	12	No	100FM	8 Rotating General	48911
Mount Sinai Hospital [1-3-X53] 1 E. 100th St., New York 29	NPCorp	1,002	24,238	Req	56	12	No	40FM	42 Rotating General	49011
New York City Hospital Welfare Island, New York 17 (Replaced by Elmhurst General Hospital, Elmhurst 73)										
New York Hospital [1-3-X54] 525 E. 68th St., New York 21	NPCorp	1,105	23,918	Req	67	12	No	143PM	18 Straight Medicine 16 Straight Surgery 4 Straight Pediatrics 2 Straight Pathology	49232 49233 49234 49236
New York Infirmary [2-3] Stuyvesant Sq. E. and 15th St., New York 3	NPCorp	187	3,380	Req	59	12	No	100FM	7 Rotating General	87511
New York Polyclinic Medical School and Hospital [1-3-4] 345 W. 50th St., New York 19	NPCorp	394	8,689	Req	62	12	No	100FM	8 Rotating General	49111
Presbyterian Hospital [1-3-X53] 622 W. 168th St., New York 32	NPCorp	1,516	36,734	Req	38	12	No	208	12 Straight Medicine 12 Straight Surgery 3 Straight Pathology	49532 49533 49536
Roosevelt Hospital [1-3-4-X53] 428 W. 59th St., New York 19	NPCorp	459	9,376	Req	44	12	No	133PM	8 Mixed (Med.-Ped.-Surg.) 7 Mixed (Surg.-Gyn.-Med.)	49023 49672
St. Clare's Hospital [1-3] 415 W. 51st St., New York 19	Church	452	11,058	Req	31	12	No	175PM	13 Rotating General 1 Straight Medicine 2 Straight Surgery	49711 49732 49733
St. Francis Hospital [1-3] 525 E. 142nd St., New York 54	Church	372	8,601	Req	26	12	No	100FM	12 Rotating General	49811
St. Luke's Hospital [1-3-4-X53] 421 W. 113th St., New York 25	NPCorp	523	10,858	Req	61	12	No	50FM	8 Mixed (9 mo. Med.-3 mo. Surg.) 8 Mixed (9 mo. Surg.-3 mo. Med.)	49083 49084
St. Vincent's Hospital [1-3-X56] 153 W. 11th St., New York 11	Church	708	17,021	Req	45	12	No	80FM	2 Straight Pediatrics 21 Rotating General 2 Straight Medicine 6 Straight Surgery	49934 50031 50032 50033
Sydenham Hospital [1-3-4] 265 Manhattan Ave., New York 27	City	220	5,499	Req	39	12	No	71FM	9 Rotating General	50111
Mount St. Mary's Hospital [1-3] 515 6th St., Niagara Falls	Church	189	5,785	Req	54	12	221	250FM	4 Rotating General	50311
Niagara Falls Memorial Hospital [1-3] 621 10th St., Niagara Falls	NPCorp	302	11,036	....	49	12	221	200FM	8 Rotating General	98511
United Hospital [1-3] 406 Boston Post Rd., Port Chester	NPCorp	231	7,144	Req	33	12	No	200PM	8 Rotating General	50411
St. Francis Hospital [1-3] North Rd., Poughkeepsie	Church	186	7,147	Req	47	12	No	200FM	6 Rotating General	50511
Vassar Brothers Hospital [1-3] Reade Pl., Poughkeepsie	NPCorp	250	9,339	Req	35	12	No	200FM	8 Rotating General	50611
Genesee Hospital [1-3-X58] 224 Alexander St., Rochester 7	NPCorp	252	10,576	Req	68	12-24	No	125-135	8 Rot. General (12 mo.) 4 Rot. General (24 mo.) 1 Straight Medicine 2 Straight Surgery 1 Straight Pathology	50711 50716 50732 50733 50736
Highland Hospital [1-3-X58] South Ave. at Bellevue Dr., Rochester 20	NPCorp	241	9,104	Req	57	12	222	150-200FM	9 Rotating General 3 Straight Surgery	50811 50833
Rochester General Hospital [1-3-X58] 1425 Portland Ave., Rochester 21	NPCorp	499	13,214	Req	55	12	No	100-150FM	18 Rotating General 2 Straight Medicine 2 Straight Surgery	50911 50932 50933
St. Mary's Hospital [1-3-X58] 89 Genesee St., Rochester 11	Church	385	14,382	Req	49	12	No	175FM	18 Rotating General	51011
Strong Memorial—Rochester Municipal Hospitals [1-3-4-X58] 260 Crittenden Blvd., Rochester 20	NPCorpCy	701	19,447	Req	69	12-24	223	31-46FM	12 Rot. General (24 mo.) 12 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics 4 Straight Pathology 4 Mixed (Surg.-Ob.-Gyn.)	51116 51132 51133 51134 51136 51126
Ellis Hospital [1-3-X50] 1101 Nott St., Schenectady 8	NPCorp	357	13,758	Req	57	12	No	125FM	20 Rotating General	51211
*St. Clare's Hospital [1-3] 600 McClellan St., Schenectady 4	Church	204	7,877	Req	34	12	No	150FM	9 Rotating General	.....

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NEW YORK—Continued										
St. Vincent's Hospital ✦[1-3] 355 Bard Ave., Staten Island 10	Church	255	9,349	Req	40	12	No	100FM	8 Rotating General	51411
Staten Island Hospital ✦[1-3] 101 Castleton Ave., Staten Island 1	NPCorp	215	7,742	Req	30	12	No	100FM	8 Rotating General	51511
General Hospital ✦[1-3]-**X59** 116 E. Castle St., Syracuse 5	NPCorp	199	5,807	Req	36	12	No	167	3 Mixed (Med.-Surg.-Ob.-Gyn.)	51722
St. Joseph's Hospital ✦[1]-**X59** 301 Prospect Ave., Syracuse 3	Church	304	12,125	Req	43	12	No	167PM	12 Rotating General	51811
State University of New York Upstate Medical Center Hospitals (University Hospital of the Good Shepherd, Crouse-Irving and Memorial Hospitals) ✦[1-3]-**X59** 766 Irving Ave., Syracuse 10	NPCorp	695	25,917	Req	45	12	No	208	16 Rotating General 6 Straight Medicine 5 Straight Surgery 3 Straight Pediatrics 4 Mixed (Med.-Surg.)	51611 51632 51633 51634 51624
Leonard Hospital [3] 41 114th St., Troy	NPCorp	163	6,080	Req	28	12	No	150FM	7 Rotating General	96911
St. Mary Hospital [3] 87 Oakwood Ave., Troy	Church	225	6,423	Req	41	12	No	175FM	6 Rotating General	51911
Samaritan Hospital ✦[1-3] Peoples and Burdett Aves., Troy	NPCorp	166	6,973	Req	40	12	No	250FM	8 Rotating General	52011
Grasslands Hospital ✦[1-3-4] Valhalla	County	632	4,954	Req	54	12	No	150FM	10 Mixed (Med.-Ped.-Surg.) 10 Mixed (Surg.-Ob.-Med.)	52123 52169
White Plains Hospital ✦[1-3] 41 E. Post Rd., White Plains	NPCorp	201	6,960	Req	46	12	No	150FM	8 Rotating General	52311
St. John's Riverside Hospital ✦[1-3] 65 Ashburton Ave., Yonkers	NPCorp	214	6,568	Req	31	12	No	120FM	8 Rotating General	52411
Yonkers General Hospital [1-3] 127 Ashburton Ave., Yonkers	NPCorp	143	5,328	Req	31	12	No	100FM	7 Rotating General	52611
NORTH CAROLINA—Hospitals, 12; Internships, 202										
Memorial Mission Hospital of Western North Carolina [3] 509 Biltmore Ave., Asheville	NPCorp	350	11,020	Req	28	12	No	225PM	8 Rotating General	94911
North Carolina Memorial Hospital ✦[1-3]-**X60** Pittsboro Rd., Chapel Hill	State	350	8,515	Req	72	12	224	135	12 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics 3 Straight Pathology 7 Mixed (Med.-Ped.)	90032 90033 90034 90036 90048
Charlotte Memorial Hospital ✦[1-4] 1100 Scott Ave., Charlotte 3	NPCorp	352	13,341	Req	68	12	No	200FM	10 Rotating General	52711
Duke Hospital ✦[1-3-4]-**X61** Durham	NPCorp	539	16,571	Req	64	12	225	225FM	24 Straight Medicine 16 Straight Surgery 10 Straight Pediatrics 4 Straight Pathology 4 Mixed (Ob.-Ped.)	52832 52833 52834 52836 52888
Lincoln Hospital ✦[1-3] 1301 Fayetteville St., Durham	NPCorp	125	2,739	Req	33	12	No	150FM	4 Rotating General	53011
Watts Hospital ✦[1-3] Club Blvd., Durham	NPCorp	250	10,303	Req	42	12	No	150FM	12 Rotating General 2 Straight Medicine 4 Mixed (Med.-Ob.-Gyn.-Surg.)	87711 87732 87722
Moses H. Cone Memorial Hospital ✦[1-3] 1200 N. Elm St., Greensboro	NPCorp	285	9,822	Req	63	12	No	200FM	12 Rotating General	94311
Rex Hospital ✦[1] 1311 St. Mary's St., Raleigh	NPCorp	310	13,531	Req	28	12	No	225FM	12 Rotating General	53211
James Walker Memorial Hospital [1-3] 19th and Rankin Sts., Wilmington	NPCorp	250	10,479	Req	27	12	No	100FM	8 Rotating General	53511
City Memorial Hospital ✦[1-3] 1 Hospital St., Winston-Salem 4	City	294	12,723	Req	44	12	No	250PM	16 Rotating General	53611
Kate Bitting Reynolds Memorial Hospital ✦[1] 1100 E. 7th St., Winston-Salem 4	City	177	5,476	Req	28	12	No	250FM	6 Rotating General	53711
North Carolina Baptist Hospital ✦[1-3]-**X62** 300 S. Hawthorne Rd., Winston-Salem 7	Church	385	13,963	Req	67	12-24	No	83PM	7 Straight Medicine 3 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology 2 Mixed (Ob.-Gyn.-Ped.-Med.) 24 mo.	53732 53733 53734 53736 53721
NORTH DAKOTA—Hospitals, 4; Internships, 21										
St. John's Hospital [1-3] 360 6th Ave S., Fargo	Church	175	6,521	Req	67	12	No	175FM	5 Rotating General	87011
St. Luke's Hospital ✦[3] 727 Broadway, Fargo	NPCorp	180	7,180	....	52	12	No	175FM	8 Rotating General	53911
Grand Forks Deaconess Hospital [1-3] 222 S. 4th St., Grand Forks	NPCorp	150	5,753	Req	61	12	No	175FM	4 Rotating General	54011
Trinity Hospital [1] 13 4th Ave. S.W., Minot	NPCorp	175	6,188	Req	65	12	No	100FM	4 Rotating General	91711
OHIO—Hospitals, 52; Internships, 761										
Akron City Hospital ✦[1-3] 525 E. Market St., Akron 9	NPCorp	485	17,741	Req	42	12	226	200FM	24 Rotating General	54211
Akron General Hospital ✦[1] 400 Wabash Ave., Akron 7	NPCorp	405	13,396	Req	50	12	226	200FM	24 Rotating General	54111
St. Thomas Hospital ✦[1-3] 444 N. Main St., Akron 10	Church	288	10,317	Req	48	12	No	200FM	10 Rotating General	54311
Barberton Citizens Hospital ✦[1-3] Tuscora Park, Barberton	NPCorp	235	9,116	Req	55	12	No	225FM	12 Rotating General	96411
Aultman Hospital ✦[1-3] 625 Cleveland Ave., S.W., Canton 10	NPCorp	457	15,968	Req	46	12	No	250PM	14 Rotating General	54411
Mercy Hospital ✦[1-3] 723 Market Ave. N., Canton 2	Church	302	13,273	Req	44	12	No	125FM	10 Rotating General	54511
Bethesda Hospital ✦[1-3] Oak St. and Reading Rd., Cincinnati 6	Church	230	10,353	Req	48	12	227	150FM	8 Rotating General 2 Mixed (Med.-Ob.-Surg.)	54611 54669
Christ Hospital ✦[1] 2139 Auburn Ave., Cincinnati 19	Church	356	11,419	Req	47	12	227	175FM	13 Rotating General	54711
Cincinnati General Hospital ✦[1-3]-**X63** 3231 Burnet Ave., Cincinnati 29	City	810	15,767	Req	61	12	228	15FM	52 Rotating General	54811

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
OHIO—Continued										
Good Samaritan Hospital ✦[1-3]..... 3217 Clifton Ave., Cincinnati 29	Church	591	19,231	None	47	12	No	200FM	16 Rotating General	55011
Jewish Hospital ✦[1-3]..... Burnet Ave., Cincinnati 29	NPCorp	387	15,747	Req	50	12	No	125FM	16 Rotating General	55111
St. Mary's Hospital ✦[1-3]..... 816 Betts St., Cincinnati 14	Church	204	5,290	Req	44	12	No	200FM	12 Rotating General	55211
City Hospital ✦[1-3-4]-**X64**..... 3395 Scranton Rd., Cleveland 9	City	894	9,943	Req	50	12	No	92FM	30 Rotating General	55311
Cleveland Clinic Hospital ✦..... 2020 E. 93rd St., Cleveland 6	NPCorp	447	11,777	Req	60	12	229	100FM	12 Rotating General	90811
Evangelical Deaconess Hospital ✦[1-3]..... 4229 Pearl Rd., Cleveland 9	Church	209	10,130	Req	36	12	No	100FM	10 Rotating General	90911
Fairview Park Hospital ✦[1-3]..... 18101 Lorain Ave., Cleveland 11	NPCorp	295	11,000	Req	50	12	No	200FM	12 Rotating General	55411
Huron Road Hospital ✦[1-3]..... 13951 Terrace Rd., Cleveland 12	NPCorp	294	11,338	Req	43	12	No	200FM	12 Rotating General	57111
Lutheran Hospital ✦[1-3]..... 2909 Franklin Blvd., Cleveland 13	Church	189	7,537	Req	65	12	No	235PM	12 Rotating General	55611
Mount Sinai Hospital ✦[1]..... 1800 E. 105th St., Cleveland 6	NPCorp	348	14,185	Req	50	12	No	150FM	18 Rotating General	55711
St. Alexis Hospital ✦[1-3]..... 5163 Broadway, Cleveland 27	Church	291	10,871	Req	42	12	No	175-250PM	8 Rotating General	55811
St. John's Hospital ✦[1-3]..... 7911 Detroit Ave., Cleveland 2	Church	266	9,035	Req	41	12	No	150FM	7 Rotating General	55911
St. Luke's Hospital ✦[1-3-4]..... 11311 Shaker Blvd., Cleveland 4	Church	456	17,907	Req	54	12	No	100FM	27 Rotating General	56011
St. Vincent Charity Hospital ✦[1-3]..... 2222 Central Ave., Cleveland 15	Church	350	10,502	Req	53	12	230	200FM	15 Rotating General	56111
University Hospitals ✦[1-3]-**X64**..... 2065 Adelbert Rd., Cleveland 6	NPCorp	826	22,340	Req	64	12	No	100PM	16 Rotating General 12 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics 2 Straight Pathology	56211 56232 56233 56234 56236
Grant Hospital ✦[3]..... 125 S. Grant Ave., Columbus 15	NPCorp	242	10,511	None	43	12	231	250FM	12 Rotating General	56411
Mount Carmel Hospital ✦[1]..... 793 W. State St., Columbus 22	Church	400	17,172	Req	47	12	231	250PM	16 Rotating General	56511
University Hospitals ✦[1-4]-**X65**..... 10th and Perry Sts., Columbus 10	State	592	20,388	Req	72	12	232	152PM	24 Rotating General 12 Rot. (Med. Major) 12 Rot. (Surg. Major)	56611 56612 56613
White Cross Hospital ✦[1-3]..... 700 N. Park St., Columbus 8	Church	330	14,217	Req	45	12	231	225FM	14 Rotating General	56711
Good Samaritan Hospital ✦[1-3]..... 1425 W. Fairview Ave., Dayton 6	Church	420	15,411	Req	37	12	No	200PM	10 Rotating General	56811
Miami Valley Hospital ✦[1-3-4]..... 1 Wyoming St., Dayton 9	NPCorp	650	21,857	Req	45	12	No	225PM	16 Rotating General	56911
St. Elizabeth Hospital ✦[1-3]..... 89 Hopeland St., Dayton 8	Church	510	17,441	Req	38	12	No	125FM	16 Rotating General	57011
Elyria Memorial Hospital ✦[1-3]..... 630 E. River St., Elyria	NPCorp	245	8,635	Req	65	12	No	100-150FM	5 Rotating General	90111
Euclid-Glenville Hospital ✦[1-3]..... E. 185th St. and Lake Erie, Euclid 19	NPCorp	186	8,111	Req	34	12	No	100FM	10 Rotating General	55511
Mercy Hospital ✦[1-3]..... 116 Dayton St., Hamilton	Church	300	12,825	Req	40	12	No	150FM	8 Rotating General	57311
Lakewood Hospital ✦[1-3]..... 14539 Detroit Ave., Lakewood 7	City	272	10,239	Req	43	12	No	175FM	6 Rotating General	57411
Lima Memorial Hospital ✦[1]..... Linden and Mobel Sts., Lima	NPCorp	275	11,143	Req	29	12	No	250FM	12 Rotating General	57511
St. Rita's Hospital ✦[1-3]..... 801 W. High St., Lima	Church	283	12,450	Req	49	12	233	300PM	12 Rotating General	57611
St. Joseph Hospital ✦[1-3]..... 2026 Broadway, Lorain	Church	220	10,700	Req	36	12	234	200FM	6 Rotating General	97311
Mercy Hospital [1]..... 1343 N. Fountain Blvd., Springfield	Church	305	10,266	Req	52	12	No	250PM	9 Rotating General	87811
Springfield City Hospital ✦[1]..... 2615 E. High St., Springfield	City	249	8,485	Req	51	12	No	175FM	9 Rotating General	57711
Ohio Valley Hospital ✦[3]..... 380 Summit Ave., Steubenville	NPCorp	210	9,529	Req	25	12	235	225FM	8 Rotating General	92711
Flower Hospital ✦[1-3]..... 3349 Cherry St., Toledo 12	NPCorp	167	7,539	Req	34	12	No	250FM	6 Rotating General	57811
Maumee Valley Hospital ✦[1-3]..... 2025 Arlington Ave., Toledo 9	County	276	4,430	Req	47	12	No	200FM	8 Rotating General	57911
Mercy Hospital ✦[1-3]..... 2221 Madison Ave., Toledo 2	Church	275	12,536	Req	50	12	No	250FM	14 Rotating General	58011
Riverside Hospital [1-3]..... 1609 Summit St., Toledo 11	NPCorp	186	6,268	Req	37	12	No	250FM	6 Rotating General	58111
St. Charles Hospital ✦[1]..... Wheeling and Navarre Sts., Toledo 5	Church	201	8,049	Req	42	12	No	250FM	8 Rotating General	95111
St. Vincent's Hospital ✦[1-3]..... 2213 Cherry St., Toledo 8	Church	438	16,490	Req	37	12	236	200FM	15 Rotating General	58211
Toledo Hospital ✦[1-3]..... 2142 N. Cove Blvd., Toledo 6	NPCorp	271	12,366	Req	72	12	No	200FM	16 Rotating General	58311
Trumbull Memorial Hospital ✦[1-3]..... 1350 E. Market St., Warren	NPCorp	347	13,960	Req	29	12	No	250FM	14 Rotating General	98011
St. Elizabeth Hospital ✦[1-3]..... 1044 Belmont St., Youngstown 4	Church	362	14,659	Req	37	12	No	200FM	15 Rotating General	58411
Youngstown Hospital ✦[1-3-4]..... Oak Hill and Francis St., Youngstown 1 Gypsy Lane at Goleta Ave., Youngstown 4	NPCorp	709	25,508	Req	53	12	No	150FM	18 Rotating General	58511
Good Samaritan Hospital [3]..... 1247 Ashland Ave., Zanesville	Church	154	6,394	Req	37	12	No	225FM	6 Rotating General	98111
OKLAHOMA—Hospitals, 6; Internships, 96										
Mercy Hospital—Oklahoma City General [1-3]..... 501 N.W. 12th St., Oklahoma City 3	Church	250	11,660	Req	31	12	111	200FM	9 Rotating General	58611
St. Anthony Hospital ✦-**x66**..... 601 N.W. 9th St., Oklahoma City 3	Church	387	16,430	Req	32	12	No	200PM	16 Rotating General	58711
University of Oklahoma Hospitals ✦[1-4]-**X66**..... 800 N.E. 13th St., Oklahoma City 4	State	470	10,049	Req	59	12	237	75FM	12 Rotating General 6 Rot. (Med. Major) 6 Rot. (Surg. Major)	58811 58812 58813
Wesley Hospital ✦[1]-**x66**..... 300 N.W. 12th St., Oklahoma City 3	Part	200	10,115	Req	35	12	111	200FM	8 Rotating General	59011

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OKLAHOMA—Continued										
Hillcrest Medical Center ✱[3] 1653 E. 12th St., Tulsa 20	NPCorp	350	17,321	Req	35	12	No	100FM	16 Rotating General	59111
St. John's Hospital ✱[1-3] 1923 S. Utica St., Tulsa 4	Church	625	20,041	Req	29	12	No	150FM	16 Rotating General	59211
OREGON—Hospitals, 7; Internships, 95										
Sacred Heart General Hospital [1] 751 E. 12th Ave., Eugene	Church	270	12,755	Req	82	12	No	150FM	8 Rotating General	59311
Emanuel Hospital ✱[1-3] 2801 N. Gantenbein Ave., Portland 12	Church	431	17,860	Req	61	12	No	250PM	14 Rotating General	59411
Good Samaritan Hospital ✱[1-3] 1015 N.W. 22nd Ave., Portland 10	Church	447	14,888	Req	66	12	No	250PM	12 Rotating General 1 Straight Pathology	59511 59536
Portland Sanitarium and Hospital [1] 932 S.E. 60th Ave., Portland 15	Church	176	8,970	None	44	12	No	200PM	8 Rotating General	59611
Providence Hospital ✱[1-3] 700 N.E. 47th Ave., Portland 13	Church	285	11,069	Req	69	12	238	250PM	12 Rotating General	59711
St. Vincent's Hospital ✱[1-3] 2447 N.W. Westover Rd., Portland 10	Church	383	13,574	Req	45	12	239	250PM	12 Rotating General	59811
University of Oregon Medical School Hospitals and Clinics ✱[1]-**X67** 3181 S.W. Sam Jackson Park Rd., Portland 1	State	502	8,506	Req	68	12	No	100FM	28 Rotating General	59911
PENNSYLVANIA—Hospitals, 74; Internships, 919										
Abington Memorial Hospital ✱[1-3-4] 1200 York Rd., Abington	NPCorp	314	9,906	Req	43	12	No	150FM	12 Rotating General	60011
Allentown Hospital ✱[1] 17th and Chew Sts., Allentown	NPCorp	503	15,956	Req	42	12	No	200-225FM	14 Rotating General	60111
Sacred Heart Hospital ✱[1-3] 4th and Chew Sts., Allentown	Church	391	9,371	Req	43	12	No	200FM	10 Rotating General	60211
Altoona Hospital ✱[1-3] 700 Howard Ave., Altoona	NPCorp	322	9,676	Req	36	12	No	300PM	12 Rotating General	60311
Mercy Hospital [1] 3601 8th Ave., Altoona	Church	162	5,593	Req	30	12	No	200FM	4 Rotating General	60411
St. Luke's Hospital ✱[1-3] 801 Ostrum St., Bethlehem	NPCorp	303	11,399	Req	45	12	No	250FM	12 Rotating General	60511
Lower Bucks County Hospital [1-3] Bath Rd. and Orchard Ave., Bristol	NPCorp	147	9,126	Req	48	12	No	150FM	6 Rotating General	97411
Bryn Mawr Hospital ✱[1-3] Bryn Mawr Ave., Bryn Mawr	NPCorp	358	11,140	Req	55	12	No	175FM	12 Rotating General	60611
Chester Hospital ✱[1-4] 9th and Barclay Sts., Chester	NPCorp	281	9,244	Req	61	12	No	250FM	8 Rotating General	60711
Geo. F. Geisinger Memorial Hospital ✱[1-3-4] Danville	NPCorp	270	10,314	Req	61	12	No	150FM	12 Rotating General	60811
Thomas M. Fitzgerald-Mercy Hospital ✱[1-3] Lansdowne Ave. and Baily Rd., Darby	Church	334	14,498	Req	48	12	No	200FM	12 Rotating General	60911
Easton Hospital ✱[1-3-4] 21st and Lehigh Sts., Easton	NPCorp	259	8,520	Req	43	12	No	200FM	6 Rotating General	61011
Hamot Hospital ✱[1-3] 4 E. 2nd St., Erie 6	NPCorp	382	13,669	Req	51	12	No	150-200FM	10 Rotating General	61111
St. Vincent's Hospital ✱[1-3] 2420 Sassafras St., Erie 6	NPCorp	311	12,700	Req	48	12	No	200FM	10 Rotating General	61211
Harrisburg Hospital ✱[1-3-4]-**X68** Front and Mulberry Sts., Harrisburg	NPCorp	492	16,487	Req	60	12	No	200FM	18 Rotating General	61411
Harrisburg Polyclinic Hospital ✱[1] 3rd and Radnor Sts., Harrisburg	NPCorp	500	13,347	Req	59	12	No	200FM	16 Rotating General	61511
Conemaugh Valley Memorial Hospital ✱[1-3] 1086 Franklin St., Johnstown	NPCorp	432	15,237	Req	37	12	No	250FM	10 Rotating General	61611
Nesbitt Memorial Hospital [1] 502 Wyoming Ave., Kingston	NPCorp	200	6,842	Req	34	12	No	300FM	4 Rotating General	95211
Lancaster General Hospital ✱[1] 525 N. Duke St., Lancaster	NPCorp	450	14,470	Req	46	12	No	200FM	12 Rotating General	61811
St. Joseph's Hospital ✱[1] College Ave. and Walnut St., Lancaster	Church	267	7,970	Req	45	12	No	200FM	4 Rotating General	61911
McKeesport Hospital [1] 1500 5th Ave., McKeesport	NPCorp	445	14,427	Req	41	12	No	250FM	10 Rotating General	62011
Montgomery Hospital ✱[1-3] Powell and Formance Sts., Norristown	NPCorp	187	8,060	Req	44	12	No	250FM	6 Rotating General	62111
Sacred Heart Hospital ✱[1-3] 1430 De Kalb St., Norristown	Church	175	6,445	Req	54	12	No	250PM	2 Rotating General	62211
Albert Einstein Medical Center York and Tabor Rds., Philadelphia 41										
Northern Division ✱[1-3-4]-**X70**	NPCorp	400	13,620	Req	44	12	No	75FM	33 Rotating General	63111
Southern Division ✱[1-3-4]-**X68**	NPCorp	316	9,265	Req		12	No	75FM		
Chestnut Hill Hospital ✱[1] 8835 Germantown Ave., Philadelphia 18	NPCorp	134	5,953	Req	51	12	No	250FM	4 Rotating General	91011
Episcopal Hospital ✱[1-4]-**X70** Front St. and Lehigh Ave., Philadelphia 25	NPCorp	445	9,594	Req	45	12	No	150FM	12 Rotating General	62311
Frankford Hospital ✱[1-3] 4940 Frankford Ave., Philadelphia 24	NPCorp	188	7,806	Req	60	12	No	225FM	8 Rotating General	62411
Germantown Dispensary and Hospital ✱[1]-**X69-x72** E. Penn and Wister Sts., Philadelphia 44	NPCorp	313	9,698	Req	51	12	No	150FM	12 Rotating General	62511
Graduate Hospital of the University of Pennsylvania ✱[1-3-4] 19th and Lombard Sts., Philadelphia 46	NPCorp	350	8,137	Req	60	12	240	75FM	12 Rotating General	62611
Hahnemann Medical College and Hospital ✱[1]-**X68** 230 N. Broad St., Philadelphia 2	NPCorp	537	14,897	Req	55	12	No	50FM	24 Rotating General	62711
Hospital of the University of Pennsylvania ✱[1]-**X71** 3400 Spruce St., Philadelphia 4	NPCorp	810	21,153	Req	73	12	No	42FM	32 Rotating General	62811
Hospital of the Woman's Medical College of Pennsylvania ✱[1]-**X72** 3300 Henry Ave., Philadelphia 29	NPCorp	206	6,497	Req	62	12	No	100FM	8 Rotating General	62911
Jefferson Medical College Hospital ✱[1-4]-**X69** 10th and Sansom Sts., Philadelphia 7	NPCorp	956	21,219	Req	55	12	No	50FM	40 Rotating General	63011
Lankenau Hospital ✱[1]-**X69** Lancaster and City Line, Philadelphia 31	NPCorp	335	10,557	Req	58	12	No	175FM	12 Rotating General	63211
Memorial Hospital [1-3]-**x72** 5800 Ridge Ave., Philadelphia 28	NPCorp	149	4,918	Req	35	12	241	250FM	6 Rotating General	63311
Methodist Episcopal Hospital ✱[1]-**X69** Broad and Wolf Sts., Philadelphia 48	Church	229	6,326	Req	40	12	No	150FM	8 Rotating General	63511
Misericordia Hospital ✱[1] 54th and Cedar Ave., Philadelphia 43	Church	281	9,236	Req	46	12	No	200FM	10 Rotating General	63611
Nazareth Hospital ✱[1] 8050 Holme Ave., Philadelphia 15	Church	208	9,027	Req	61	12	242	200FM	8 Rotating General	63811

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PENNSYLVANIA—Continued										
Northeastern Hospital [1] Allegheny Ave. and Tulip St., Philadelphia 34	NPCorp	150	4,652	Req	32	12	244	400FM	4 Rotating General	97811
Pennsylvania Hospital +[1-3]-X69-71 8th and Spruce Sts., Philadelphia 7	NPCorp	469	12,822	Req	64	12	243	FM	18 Rotating General	63911
Philadelphia General Hospital +[1-3-4]-X68-69-70-71-72 34th St. and Curie Ave., Philadelphia 4	City	1,693	21,508	Req	52	12	No	59FM	108 Rotating General	64011
Presbyterian Hospital +[1-4]-X71 51 N. 39th St., Philadelphia 4	Church	326	8,727	Req	62	12	No	100FM	12 Rotating General	64111
St. Agnes Hospital [1]-X68 1900 S. Broad St., Philadelphia 45	Church	243	8,378	Req	41	12	No	250FM	10 Rotating General	64211
St. Joseph's Hospital +[1-3-4] 16 St. and Girard Ave., Philadelphia 30	Church	200	5,899	Req	54	12	No	300FM	6 Rotating General	64311
St. Luke's and Children's Medical Center +[1]-X68 Franklin and Thompson Sts., Philadelphia 22	NPCorp	242	7,508	Req	24	12	No	250FM	8 Rotating General	64411
*Temple University Hospital +[1-3]-X70 3401 N. Broad St., Philadelphia 40	NPCorp	600	16,158	Req	55	12	244	25FM	36 Rotating General	.....
Allegheny General Hospital +[1-4] 320 E. North Ave., Pittsburgh 12	NPCorp	586	11,057	Req	41	12	No	182FM	18 Rotating General	64811
Health Center Hospitals of the University of Pittsburgh School of Medicine +[1-3]-X73 3941 O'Hara St., Pittsburgh 13	NPCorp	1,241	36,393	Req	64	12	245	100FM	20 Rotating General	65211
Mercy Hospital +[1-3]-X73 1400 Locust St., Pittsburgh 19	NPCorp	655	16,976	Req	38	12	No	210PM	12 Rotating General	64911
Montefiore Hospital +[1-3-4] 3459 5th Ave., Pittsburgh 13	NPCorp	321	9,513	Req	41	12	No	200FM	12 Rotating General	65011
Pittsburgh Hospital +[1-3] 6655 Frankstown Ave., Pittsburgh 6	NPCorp	225	7,201	Req	32	12	No	200FM	6 Rotating General	65111
St. Francis General Hospital and Rehabilitation Institute +[1-4]-X73 408 45th St., Pittsburgh 1	NPCorp	683	15,121	Req	42	12	No	200FM	18 Rotating General	88111
St. Joseph's Hospital and Dispensary [1-3] 2117 Carson St., Pittsburgh 3	Church	170	5,554	Req	40	12	No	350FM	6 Rotating General	65511
Shadyside Hospital +[1-3] 5230 Centre Ave., Pittsburgh 32	NPCorp	363	8,479	Req	58	12	No	300PM	10 Rotating General	65711
South Side Hospital +[1-3-4] S. 20th and Jane Sts., Pittsburgh 3	NPCorp	375	9,939	Req	36	12	No	275FM	9 Rotating General	65811
Western Pennsylvania Hospital +[1-3-4] 4800 Friendship Ave., Pittsburgh 24	NPCorp	552	15,972	Req	50	12	No	200FM	18 Rotating General	65911
Community General Hospital +[1-3] 145 N. 6th St., Reading	NPCorp	174	6,267	Req	38	12	No	250FM	5 Rotating General	66011
Reading Hospital +[1] 6th and Spruce Sts., Reading	NPCorp	482	13,781	Req	57	12	No	200FM	14 Rotating General	66111
St. Joseph's Hospital +[1-3] 1215 Walnut St., Reading	Church	208	7,043	Req	43	12	No	250FM	6 Rotating General	66211
Robert Packer Hospital +[1-3]-X68 S. Wilbur Ave., Sayre	NPCorp	340	12,077	Req	60	12	No	150FM	10 Rotating General	66411
Scranton State Hospital +[1] 201 Mulberry St., Scranton	State	200	6,125	Req	27	12	No	205FM	10 Rotating General	66611
Sewickley Valley Hospital [1-3] Blackburn Rd., Sewickley	NPCorp	230	7,614	Req	34	12	No	275FM	6 Rotating General	66711
Sharon General Hospital + 740 E. State St., Sharon	NPCorp	285	10,586	Req	31	12	No	100FM	5 Rotating General	93811
Allegheny Valley Hospital [1] 1300 Carlisle St., Tarentum	NPCorp	220	8,736	Req	35	12	246	225FM	6 Rotating General	93611
Uniontown Hospital [1-3] 500 W. Berkeley St., Uniontown	NPCorp	281	8,542	Req	32	12	No	300FM	5 Rotating General	66811
Washington Hospital [1] 155 Wilson Ave., Washington	NPCorp	315	6,826	Req	25	12	No	250FM	8 Rotating General	66911
Chester County Hospital +[1] 500 E. Marshall St., West Chester	NPCorp	195	4,918	Req	47	12	No	250FM	6 Rotating General	88211
Mercy Hospital +[1-3-4] 196 Hanover St., Wilkes-Barre	NPCorp	191	7,547	Req	35	12	No	300FM	6 Rotating General	67011
Wilkes-Barre General Hospital +[1] N. River and Auburn Sts., Wilkes-Barre	NPCorp	376	9,717	Req	31	12	No	225FM	10 Rotating General	67111
Columbia Hospital +[1] 312 Penn Ave., Washington 23	NPCorp	188	6,763	Req	37	12	No	300FM	6 Rotating General	67211
Divine Providence Hospital [1-3] 1100 Grampian Blvd., Williamsport	Church	185	6,229	Req	38	12	No	200FM	4 Rotating General	91311
Williamsport Hospital +[1] 777 Rural Ave., Williamsport 20	NPCorp	312	9,710	Req	38	12	No	200FM	8 Rotating General	67311
York Hospital +[1] S. George St. and Rathton Rd., York	NPCorp	347	12,885	Req	43	12	No	200FM	10 Rotating General	67411
RHODE ISLAND—Hospitals, 6; Internships, 60										
Newport Hospital +[1-3] Friendship St., Newport	NPCorp	216	5,830	Req	20	12	No	100-150FM	6 Rotating General	67511
Memorial Hospital +[1-3] Prospect St., Pawtucket	NPCorp	220	8,037	Req	37	12	No	200FM	8 Rotating General	67611
Miriam Hospital +[1-3] 164 Summit Ave., Providence 6	NPCorp	150	6,091	Req	35	12	169	200FM	8 Rotating General	96311
Rhode Island Hospital +[1-3-4] 593 Eddy St., Providence 2	NPCorp	627	16,452	Req	48	24	247	75FM	18 Rotating General	67711
Roger Williams General Hospital [1] 825 Chalkstone Ave., Providence 8	NPCorp	211	7,814	Req	33	12	No	200FM	8 Rotating General	67811
St. Joseph's Hospital [1-3-4] 21 Peace St., Providence 7	Church	310	8,036	Req	32	12	167	150FM	12 Rotating General	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 98										
Medical College of South Carolina Teaching Hospitals (Roper Hospital, 300 Calhoun St., Medical College Hospital, 55 Doughty St.) +[1-X74 Charleston 16	NPCorpState	756	14,860	Req	66	12	No	125FM	30 Rotating General	68011
Columbia Hospital of Richland County +[1-3] 3020 Hampton St., Columbia 4	County	444	14,216	Req	32	12	No	150FM	18 Rotating General	68111
McLeod Infirmary +[1-3] 121 W. Cheves St., Florence	NPCorp	202	9,759	Req	29	12	No	200FM	5 Rotating General	68211
Greenville General Hospital +[1-3] 100 Mallard St., Greenville	CyCo	540	19,703	Req	41	12	No	225	24 Rotating General	68311
Orangeburg Regional Hospital +[1-3] 550 Carolina Ave. N.E., Orangeburg	County	215	7,526	Req	27	12	No	200FM	6 Rotating General	68411

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Salary ($) (Month)	Number and Type of Internships	Code Number
SOUTH CAROLINA—Continued										
Spartanburg General Hospital ✦[1] 855 N. Church St., Spartanburg	County	370	16,237	Req	28	12	No	150FM	15 Rotating General	68511
SOUTH DAKOTA—Hospitals, 3; Internships, 23										
McKennan Hospital [1-3]-**X75** 800 E. 21st St., Sioux Falls	Church	190	7,472	None	36	12	No	150FM	7 Rotating General	68611
Sioux Valley Hospital ✦[1-3]-**X75** 1123 S. Euclid Ave., Sioux Falls	NPCorp	210	9,635	None	42	12	No	150FM	10 Rotating General	68711
Sacred Heart Hospital ✦[1-3]-**X75** W. 4th St., Yankton	Church	208	5,296	Req	48	12	No	150FM	6 Rotating General	68811
TENNESSEE—Hospitals, 15; Internships, 257										
Baroness Erlanger Hospital ✦[1-3-4] 241 Wiehl St., Chattanooga 3	CyCo	580	17,427	Req	43	12	No	200FM	18 Rotating General 2 Mixed (Ob.-Surg.-Med.)	68911 68969
*Holston Valley Community Hospital [1-3] W. Ravine St., Kingsport	NPCorp	245	12,094	Req	39	12	No	250FM	8 Rotating General	.....
East Tennessee Baptist Hospital ✦[1-3] 201 Blount Ave., Knoxville 10	Church	254	12,711	Req	40	12	248	200FM	12 Rotating General	69011
Fort Sanders Presbyterian Hospital [1-3] 1909 W. Clinch Ave., Knoxville 16	Church	180	9,558	Req	39	12	No	200FM	7 Rotating General	69111
St. Mary's Memorial Hospital ✦[1-3] Oak Hill Ave., Knoxville 17	Church	270	10,687	Req	40	12	248	225-300FM	12 Rotating General	69311
*University of Tennessee Memorial Research Center and Hospital ✦[1-3-4] Alcoa Hwy., Knoxville	State	252	....	Req	44	12	No	128FM	17 Rotating General	.....
Baptist Memorial Hospital ✦[1-3] 899 Madison Ave., Memphis 3	Church	772	27,855	Req	41	12	249	125FM	20 Rotating General	69411
*City of Memphis Hospitals ✦[1-3-4]-**X76** (John Gaston Hospital) 899 Madison Ave., Memphis 3	City	530	21,349	Req	55	12	No	75-100FM	48 Rotating General	.....
Methodist Hospital ✦ 1265 Union Ave., Memphis 4	Church	260	14,102	Req	35	12	250	125FM	12 Rotating General	69611
*St. Joseph Hospital ✦[1] 264 Jackson Ave., Memphis 5	Church	280	13,405	Req	56	12	No	150FM	12 Rotating General	.....
Baptist Hospital ✦[1-3] 2000 Church St., Nashville 3	Church	284	14,203	Req	40	12	251	150FM	16 Rotating General	69911
George W. Hubbard Hospital ✦[1-3-4]-**X77** 1005 18th Ave. N., Nashville 8	Church	197	5,455	Req	54	12	No	100FM	14 Rotating General	69811
*Nashville General Hospital ✦[1-3] Hermitage Ave., Nashville 10	City	230	5,609	Req	38	12	No	160FM	12 Rotating General	.....
St. Thomas Hospital ✦[1-3] 2000 Hayes St., Nashville 4	Church	227	9,686	Req	29	12	252	175FM	6 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Mixed (Med.-Surg.) 1 Mixed (Ob.-Gyn.-Surg.) 1 Mixed (Ob.-Gyn.-Med.)	70111 70132 70133 70124 70126 70109
Vanderbilt University Hospital ✦[1-3]-**X78** 21st Ave. S. at Edgehill, Nashville 5	NPCorp	375	12,529	Req	54	12	No	25FM	12 Straight Medicine 12 Straight Surgery 7 Straight Pediatrics 2 Straight Pathology	70232 70233 70234 70236
TEXAS—Hospitals, 23; Internships, 358										
Brackenridge Hospital ✦[1]-**x80** 15th St. and East Ave., Austin 1	City	300	7,843	Req	46	12	No	150FM	13 Rotating General	70411
Memorial Hospital [1] 2606 Hospital Blvd., Corpus Christi	CyCo	252	10,404	Req	26	12	253	100FM	5 Rotating General	70511
Baylor University Hospital ✦[1-3]-**x79** 3500 Gaston Ave., Dallas 10	Church	588	29,353	Req	40	12	254	115FM	18 Rotating General 1 Straight Medicine 1 Straight Surgery 3 Straight Pediatrics	70611 70632 70633 95334
Children's Medical Center ✦[1-3-4]-**X79** 2396 Welborn St., Dallas 19	NPCorp	154	3,800	Req	72	12	113	50FM		
Methodist Hospital ✦[1-3]-**x79** 301 W. Colorado Blvd., Dallas 22	Church	288	16,546	Req	38	12	No	175FM	12 Rotating General	70711
Parkland Memorial Hospital ✦[1-3]-**X79** 5201 Harry Hines Blvd., Dallas 19	Dist	783	13,136	Req	52	12	No	100	24 Rotating General 8 Straight Medicine	70811 70832
St. Paul's Hospital ✦[1-3]-**x79** 3121 Bryan St., Dallas 4	Church	395	18,492	Req	47	12	No	100FM	14 Rotating General 1 Straight Medicine 1 Rot. (Med. Major) 1 Rot. (Surg. Major)	70911 70832 70912 70913
El Paso General Hospital [1-3] 4815 Alameda Ave., El Paso	CyCo	230	3,850	Req	71	12	No	150FM	8 Rotating General	71011
Hotel Dieu, Sisters' Hospital ✦ 1014 N. Stanton St., El Paso	Church	218	9,292	Req	41	12	No	150FM	6 Rotating General	95411
Harris Hospital ✦[1-3] 1300 W. Cannon St., Fort Worth 4	Church	406	18,675	Req	40	12	No	200FM	16 Rotating General	71211
John Peter Smith Hospital ✦[1-3-4] 1500 S. Main St., Fort Worth 4	CyCo	200	4,654	Req	50	12	No	50FM	13 Rotating General	71111
St. Joseph's Hospital ✦[1-3] 1401 S. Main St., Fort Worth 4	Church	300	13,822	Req	41	12	No	200FM	18 Rotating General	71311
University of Texas Medical Branch Hospitals ✦[1-3]-**X80** 8th and Mechanic Sts., Galveston	State	918	12,432	Req	59	12	No	110FM	36 Rotating General	71411
Baylor University College of Medicine Hospitals, Houston Jefferson Davis Hospital ✦[1-3-4]-**X81** 1801 Buffalo Dr., Houston 3	CyCo	438	14,964	Req	59	12	255	50FM	30 Rotating General 4 Straight Medicine 4 Straight Surgery 4 Straight Pediatrics	71611 71632 71633 71634
Methodist Hospital ✦[1-3]-**X81** 6516 Bertner Ave., Houston 25	Church	364	14,265	Req	63	12	256	195	8 Rotating General 2 Straight Medicine 2 Straight Surgery	71711 71732 71733
Hermann Hospital ✦[1]-**X81** 1203 Ross Sterling Ave., Houston 25	NPCorp	625	27,176	Req	42	12	No	75FM	18 Rotating General	71511
Memorial Hospital ✦[1-3] 602 Lamar Ave., Houston 2	Church	425	20,225	Req	40	12	No	150PM	20 Rotating General	98211
St. Joseph's Hospital ✦[1] 1919 Crawford St., Houston 3	Church	422	22,184	Req	41	12	No	100-150FM	6 Rotating General	71811
Baptist Memorial Hospital ✦[1-3]-**x80** 215 Camden St., San Antonio 2	Church	282	16,882	Req	37	12	No	100-150FM	8 Rotating General	72111
Robert B. Green Memorial Hospital ✦[1-3-4]-**x80** 515 Morales St., San Antonio 7	Dist	300	9,648	Req	48	12	No	100FM	29 Rotating General	72211

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
TEXAS—Continued										
Santa Rosa Hospital †[1-3] 745 W. Houston St., San Antonio 7	Church	400	15,290	Req	52	12	No	300FM	12 Rotating General	72311
Scott and White Memorial Hospitals †[1-3] 213 W. Ave. G., Temple	NPCorp	301	7,507	Req	48	12	257	300FM	8 Rotating General	72511
Providence Hospital [1-3] 1725 Colcord Ave., Waco	Church	300	7,077	Req	34	12	258	300FM	4 Rotating General	88811
UTAH—Hospitals, 6; Internships, 75										
St. Benedict's Hospital †[1-3] 3000 Polk Ave., Ogden	Church	170	5,515	Req	64	12	No	200PM	9 Rotating General	72711
Thomas D. Dee Memorial Hospital †[1-]x82 2440 Harrison Blvd., Ogden	Church	226	9,472	Req	42	12	250	250PM	8 Rotating General	72811
Dr. W. H. Groves Latter-Day Saints Hospital †[1-]x82 325 8th Ave., Salt Lake City 3	Church	350	18,494	Req	43	12	No	175FM	16 Rotating General	72911
Holy Cross Hospital †[1-]x82 1045 E. 1st South St., Salt Lake City 2	Church	192	9,202	Req	52	12	No	150FM	6 Rotating General	73011
St. Mark's Hospital †[1-3]x82 803 N. 2nd West St., Salt Lake City 16	Church	250	10,475	Req	32	12-24	No	150FM	4 Rot. General (12 mo.) 6 Rot. General (24 mo.)	73111 73116
Salt Lake County General Hospital †[1-]X82 2033 S. State St., Salt Lake City 15	County	228	4,005	Req	68	12	200	100FM	14 Rotating General 8 Straight Medicine 4 Straight Pediatrics	73211 73232 73234
VERMONT—Hospitals, 2; Internships, 20										
De Goesbriand Memorial Hospital †[1-3]-X83 1 S. Prospect St., Burlington	Church	226	6,131	Req	48	12	No	100FM	8 Rotating General	73411
Mary Fletcher Hospital †[1-3-]-X83 Colchester Ave., Burlington	NPCorp	218	7,264	Req	72	12	No	50FM	12 Rotating General	73511
VIRGINIA—Hospitals, 16; Internships, 194										
Alexandria Hospital †[1-3] 709 Duke St., Alexandria	NPCorp	201	9,909	Req	39	12	No	175PM	8 Rotating General	73611
University of Virginia Hospital †[1-]X84 Charlottesville	State	500	14,765	Req	56	12	261	75FM	12 Rotating General 12 Straight Medicine 8 StraightSurgery	73711 73732 73733
Chesapeake and Ohio Hospital †[1-3] Ridgeway St., Clifton Forge	NPCorp	210	7,007	Req	57	12	No	175FM	2 Straight Medicine	89232
Memorial Hospital †[1-3] 142 S. Main St., Danville	NPCorp	275	12,922	Req	46	12	No	300FM	10 Rotating General	89311
Lynchburg General Hospital †[1-3] Tate Springs Rd., Lynchburg	NPCorp	248	6,687	Req	44	12	262	150FM	2 Rotating General	73811
Mary Immaculate Hospital [3] Blair and Buxton Aves., Newport News	Church	150	5,969	Req	45	12	No	150FM	5 Rotating General	89411
Riverside Hospital †[1] 245 50th St., Newport News	NPCorp	214	8,798	Req	32	12	No	200FM	9 Rotating General	73911
De Paul Hospital †[1-3] Kingsley Lane and Granby St., Norfolk 5	Church	250	12,348	Req	60	12	No	150PM	12 Rotating General	74011
Norfolk General Hospital †[1-3] Raleigh and Colley Aves., Norfolk 7	NPCorp	301	12,487	Req	40	12	No	100-160FM	10 Rotating General 1 Rot. (Med. Major) 1 Rot. (Surg. Major) 1 Rot. (Ped. Major) 1 Rot. (Ob.-Gyn. Major)	74111 74112 74113 74114 74115
Johnston-Willis Hospital †[1] 2008 Kensington Ave., Richmond 21	Corp	235	8,155	Req	51	12	263	200FM	12 Rotating General	74211
Medical College of Virginia Hospital Division †[1-3-]-X85 (Memorial, Dooley and St. Philip Hospitals) 1200 E. Broad St., Richmond 19	State	882	27,839	Req	49	12	No	75FM	40 Rotating General 6 Straight Medicine 8 Straight Surgery	74311 74332 74333
Stuart Circle Hospital [1-3] 415 Stuart Circle, Richmond 20	Corp	150	4,478	Req	50	12	264	250FM	6 Rotating General	74411
Jefferson Hospital †[1-3] 1313 Franklin Rd., S.W., Roanoke 16	Corp	151	6,031	Req	46	12	No	150FM	4 Mixed (Surg.-Med.-Ob.)	74609
Lewis-Gale Hospital †[1-3] 3rd St. and Lord Ave., S.W., Roanoke 11	Corp	180	6,382	Req	32	12	No	225FM	6 Rotating General	74711
Roanoke Memorial Hospital [1-3] Belleview and Lake Aves., Roanoke 14	NPCorp	325	9,826	Req	50	12	No	250FM	12 Rotating General	74811
Winchester Memorial Hospital [1] S. Stewart St., Winchester	NPCorp	254	9,119	Req	42	12	No	250FM	6 Rotating General	74911
WASHINGTON—Hospitals, 12; Internships, 148										
Doctors Hospital †[1-3]-x86 909 University St., Seattle 1	NPCorp	187	9,758	None	57	12	265	200FM	8 Rotating General	75111
King County Hospital †[1-]-X86 Unit No. 1 (Harborview) 325 9th Ave., Seattle 4	County	450	11,121	Req	61	12	No	90FM	30 Rotating General 4 Straight Medicine	75211 75232
Providence Hospital †[1-]x86 17 and E. Jefferson St., Seattle 22	Church	355	14,779	Req	56	12	No	140-175FM	16 Rotating General	75311
Seattle General Hospital [1-3] 5th Ave. and Marion St., Seattle 4	NPCorp	116	4,887	Req	38	12	265	150FM	5 Rotating General	75411
Swedish Hospital †[1-3]-x86 1212 Columbia St., Seattle 4	NPCorp	570	15,933	Req	52	12	265	125-200FM	16 Rotating General	75511
Virginia Mason Hospital †[1-3]-x86 1111 Terry Ave. Seattle 1	NPCorp	217	10,343	Req	77	12	265	125FM	10 Rotating General	75611
Deaconess Hospital †[1-3] 733 W. 4th Ave., Spokane 4	Church	255	10,432	Req	41	12	No	200FM	12 Rotating General	75711
Sacred Heart Hospital †[3] 101 8th Ave., Spokane 4	Church	489	23,346	Req	41	12	No	200FM	15 Rotating General	75811
St. Luke's Hospital †[1-3] N. 830 Summit Blvd., Spokane 11	NPCorp	284	7,903	....	41	12	No	200FM	8 Rotating General	75911
Pierce County Hospital [1] 3582 Pacific Ave., Tacoma 8	County	205	4,769	Req	38	12	No	200FM	10 Rotating General	76011
St. Joseph Hospital †[1-3] 1812 S. Eye St., Tacoma 1	Church	219	8,941	Req	46	12	No	230FM	6 Rotating General	76111
Tacoma General Hospital †[1-3] 315 S. K St., Tacoma 5	NPCorp	215	9,132	....	35	12	266	150-250FM	8 Rotating General	76211

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WEST VIRGINIA—Hospitals, 9; Internships, 82										
Charleston General Hospital +1-3 Brooks St. and Elmwood Ave., Charleston 25	NPCorp	240	9,593	Req	45	12	No	200FM	10 Rotating General	76411
Kanawha Valley Hospital +3 1014 Virginia St. E., Charleston 1	Corp	150	5,442	Req	26	12	No	130FM	6 Rotating General	76511
Memorial Hospital +1-3 3200 Noyes Ave. S.E., Charleston 4	NPCorp	249	9,711	Req	57	12	No	200FM	10 Rotating General	90211
Cabell Huntington Hospital 1 1340 16th St., Huntington 3	NPCorp	237	....	Req	28	12	No	200FM	8 Rotating General	97611
St. Mary's Hospital +1-3 2900 1st Ave., Huntington 2	Church	339	13,800	Req	40	12	No	200-250FM	14 Rotating General	76611
Camden-Clark Memorial Hospital +3 717 Ann St., Parkersburg	City	195	5,929	Req	27	12	No	150FM	4 Rotating General	76711
St. Joseph's Hospital +3 1801 Market St., Parkersburg	Church	195	8,373	Req	35	12	No	150FM	6 Rotating General	94411
Ohio Valley General Hospital +1-3 2000 Eoff St., Wheeling	NPCorp	266	10,025	Req	41	12	No	250PM	14 Rotating General	76911
Wheeling Hospital 1-3 109 Main St., Wheeling	Church	245	8,772	Req	32	12	No	200FM	10 Rotating General	77011
WISCONSIN—Hospitals, 23; Internships, 244										
Luther Hospital +1-3 310 Chestnut St., Eau Claire	NPCorp	226	8,296	Req	63	12	No	200FM	6 Rotating General	77111
St. Agnes Hospital 1-3 430 E. Division St., Fond du Lac	Church	230	11,120	Req	30	12	No	125FM	6 Rotating General	98311
Mercy Hospital +1-3 666 N. Washington St., Janesville	Church	225	6,421	Req	37	12	No	200FM	5 Rotating General	77311
La Crosse Lutheran Hospital +1-3 1910 South Ave., La Crosse	Church	185	6,582	Req	55	12	No	200FM	4 Rotating General	77411
St. Francis Hospital 1-3 709 S. 10th St., La Crosse	Church	247	9,555	Req	47	12	No	200FM	7 Rotating General	77511
Madison General Hospital +1-3-X87 925 Mound St., Madison 5	NPCorp	360	11,338	Req	55	12	No	125-200FM	14 Rotating General	77611
Methodist Hospital +1-3-X87 309 W. Washington Ave., Madison 3	Church	143	4,963	Req	50	12	No	200FM	4 Rotating General	77711
St. Mary's Hospital +1-3-X87 720 S. Brooks St., Madison 5	Church	250	9,853	....	41	12	No	160-200FM	10 Rotating General	77811
University Hospitals +1-3-X87 1300 University Ave., Madison 6	State	838	14,109	Req	81	12	No	75FM	25 Rotating General	77911
St. Joseph's Hospital +1 611 St. Joseph's Ave., Marshfield	Church	252	8,079	Req	57	12	No	250FM	7 Rotating General	78011
Columbia Hospital +1-3 3321 N. Maryland Ave., Milwaukee 11	NPCorp	259	7,786	Req	75	12	267	195PM	10 Rotating General	78111
Evangelical Deaconess Hospital +1-3 620 N. 19th St., Milwaukee 3	Church	220	8,422	Req	53	12	268	200FM	14 Rotating General	78211
Milwaukee Children's Hospital +1-3-4-X88 721 N. 17th St., Milwaukee 3	NPCorp	160	5,960	Req	84	12	269	150FM	2 Straight Pediatrics	78334
Milwaukee County Hospital +1-3-4-X88 8700 W. Wisconsin Ave., Milwaukee 13	County	950	21,119	Req	38	12	270	141PM	50 Rotating General	78411
Milwaukee Hospital +1-3-X88 2900 W. Kilbourn Ave., Milwaukee 3	Church	341	11,009	Req	61	12	271	220PM	9 Rotating General	78511
Misericordia Hospital 3 1255 N. 22nd St., Milwaukee 5	Church	175	8,326	Req	52	12	272	200FM	6 Rotating General	80711
Mount Sinai Hospital +1-3 908 N. 12th St., Milwaukee 3	NPCorp	197	8,968	Req	29	12	273	200FM	12 Rotating General	78711
St. Joseph's Hospital +1-X88 5000 W. Chambers St., Milwaukee 10	Church	371	15,900	Req	46	12	274	210PM	12 Rotating General	78811
St. Luke's Hospital +1-3 2900 W. Oklahoma Ave., Milwaukee 15	NPCorp	299	12,924	Req	48	12	275	200FM	15 Rotating General	78911
St. Mary's Hospital +3 2320 N. Lake Dr., Milwaukee 11	Church	200	7,961	Req	53	12	276	150FM	10 Rotating General	79011
St. Michael Hospital +1-3 W. Villard Ave. and N. 25th St., Milwaukee 12	Church	225	5,517	Req	40	12	277	150FM	8 Rotating General	79111
Mercy Hospital 1 185 Hazel St., Oshkosh	Church	250	7,903	None	23	12	No	150PM	4 Rotating General	79311
St. Mary's Hospital 1-3 Maple Hill, Wausau	Church	230	8,651	Req	41	12	No	200FM	4 Rotating General	79511
CANAL ZONE—Hospitals, 1; Internships, 15										
Gorgas Hospital + Balboa Heights Personnel Director, Panama Canal Company, Balboa Heights	Fed	352	8,940	Req	87	12	No	$140.80 (annual)	15 Rotating General	80611
HAWAII—Hospitals, 3; Internships, 38										
*Kuakini Hospital 1-3 347 N. Kuakini St., Honolulu 17	NPCorp	140	8,955	Req	52	24	278	50-175FM	12 Rotating General	.....
Queen's Hospital +1 1301 Punchbowl St., Honolulu 9	NPCorp	387	14,264	Req	62	12	No	100FM	14 Rotating General	80811
St. Francis Hospital +1-3 2260 Liliha St., Honolulu 17	Church	224	8,285	Req	53	12	No	75FM	12 Rotating General	80911
PUERTO RICO—Hospitals, 8; Internships, 105										
*Aguadilla District Hospital 1 Aguadilla	State	280	5,960	Req	80	12	No	75FM	12 Rotating General	.....
*Arecibo District Hospital 1 Lares Rd., Arecibo	State	280	6,663	Req	72	12	No	75FM	15 Rotating General	.....
*Bayamon District Hospital +1-3-X89 Insular Highway No. 2, Bayamon	State	280	7,564	Req	52	12	No	75FM	16 Rotating General	.....
*Fajardo District Hospital 1-3 General Valero Ave., Fajardo	State	280	5,875	Req	45	12	No	75FM	12 Rotating General	.....
*Hospital de Damas 1-3 Concordia St., Ponce	Church	153	5,283	Req	39	12	No	100FM	7 Rotating General	.....
*Rio Piedras Municipal Hospital 1-3 Pineiro St., Rio Piedras	City	205	7,005	Req	41	12	No	75FM	13 Rotating General	.....
*Presbyterian Hospital 1-3-X89 Ashford Ave., San Juan 1	NPCorp	132	4,217	Req	34	12	No	50FM	6 Rotating General	.....
*San Juan City Hospital +1-3-X89 De Diego Ave., San Juan 34	City	540	10,576	Req	38	12	No	75FM	24 Rotating General	.....

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HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

The following list of hospitals that conform to the standards of the Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. Hospitals that are unqualifiedly approved as conforming to the standards of the Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals approved for intern training by the Council.

This list, revised to Sept. 1, 1956, was furnished by the Canadian Medical Association.

Name of Hospital	Location
Royal Columbian Hosp.	New Westminster, B. C.
Trail-Tadanac Hospital	Trail, B. C.
St. Paul's Hospital	Vancouver, B. C.
Vancouver General Hospital	Vancouver, B. C.
Royal Jubilee Hospital	Victoria, B. C.
St. Joseph's Hospital	Victoria, B. C.
Calgary General Hospital	Calgary, Alta.
Holy Cross Hospital	Calgary, Alta.
Edmonton General Hospital	Edmonton, Alta.
Misericordia Hospital	Edmonton, Alta.
Royal Alexandra Hospital	Edmonton, Alta.
University of Alberta Hosp.	Edmonton, Alta.
St. Michael's General Hosp.	Lethbridge, Alta.
Regina General Hospital	Regina, Sask.
St. Paul's Hospital	Saskatoon, Sask.
Saskatoon City Hospital	Saskatoon, Sask.
University Hospital	Saskatoon, Sask.
St. Boniface General Hosp.	St. Boniface, Man.
Grace Hospital	Winnipeg, Man.
Misericordia Hospital	Winnipeg, Man.
Winnipeg General Hospital	Winnipeg, Man.
McKeller General Hospital	Fort William, Ont.
Hamilton General Hospital	Hamilton, Ont.
St. Joseph's Hospital	Hamilton, Ont.
Kingston General Hospital	Kingston, Ont.
Kitchener-Waterloo Hospital	Kitchener, Ont.
St. Joseph's Hospital	London, Ont.
Victoria Hospital	London, Ont.
Ottawa Civic Hospital	Ottawa, Ont.
Ottawa General Hospital	Ottawa, Ont.
General Hosp. of Port Arthur	Port Arthur, Ont.
St. Catherines Gen. Hosp.	St. Catherines, Ont.
St. Joseph's Hospital	Sarnia, Ont.
Sudbury General Hospital	Sudbury, Ont.
New Mount Sinai Hospital	Toronto, Ont.
St. Joseph's Hospital	Toronto, Ont.
St. Michael's Hospital	Toronto, Ont.
Toronto East General and Orthopaedic Hospital	Toronto, Ont.
Toronto General Hospital	Toronto, Ont.
Toronto Western Hospital	Toronto, Ont.
Women's College Hospital	Toronto, Ont.
Grace Hospital	Windsor, Ont.
Metropolitan General Hospital	Windsor, Ont.
Hospital St. Luc	Montreal, Que.
Jewish General Hospital	Montreal, Que.
Montreal General Hospital	Montreal, Que.
Notre-Dame Hospital	Montreal, Que.
Royal Victoria Hospital	Montreal, Que.
St. Mary's Hospital	Montreal, Que.
Hotel Dieu de Quebec	Quebec, Que.
Hotel Dieu de Sherbrooke	Sherbrooke, Que.
Hospital General de Verdun	Verdun, Que.
Jeffery Hale's Hospital	Quebec, Que.
Reddy Memorial Hosp. (Westmount)	Quebec, Que.
Victoria Public Hospital	Fredericton, N. B.
Moncton Hospital	Moncton, N. B.
Saint John General Hospital	Saint John, N. B.
Victoria General Hospital	Halifax, N. S.
Halifax Infirmary	Halifax, N. S.
St. John's General Hospital	St. John's, Nfld.

ABBREVIATIONS AND NOTES

1. Appointments available to women applicants
2. Appointments restricted to women applicants
3. Appointments available to graduates of foreign medical schools. Details regarding requirements for appointment can be secured from the hospitals concerned.
4. Dental internships available
5. Available to citizens of the United States only

✦ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships.

CyCo	City and County	Req	Required
Corp	Corporation unrestricted as to profit	FM	Full maintenance
		PM	Partial maintenance
Dist	Hospital District		
NPCorp	Nonprofit corporation		
Part	Partnership		

Medical School Affiliations

Footnotes 10 to 89 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. College of Medical Evangelists School of Medicine, Loma Linda, Los Angeles
13. University of California School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, San Francisco
16. University of California School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven, Conn.
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. University of Miami School of Medicine, Miami, Fla.
23. Emory University School of Medicine, Atlanta (Emory University), Ga.
24. Medical College of Georgia, Augusta, Ga.
25. Chicago Medical School, Chicago
26. Northwestern University Medical School, Chicago
27. Stritch School of Medicine of Loyola University, Chicago
28. University of Chicago, The School of Medicine, Chicago
29. University of Illinois College of Medicine, Chicago
30. Indiana University School of Medicine, Bloomington-Indianapolis, Ind.
31. State University of Iowa College of Medicine, Iowa City
32. University of Kansas School of Medicine, Lawrence-Kansas City, Kan.
33. University of Louisville School of Medicine, Louisville, Ky.
34. Louisiana State University School of Medicine, New Orleans
35. Tulane University of Louisiana School of Medicine, New Orleans
36. Johns Hopkins University School of Medicine, Baltimore
37. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore
38. Boston University School of Medicine, Boston
39. Harvard Medical School, Boston
40. Tufts University School of Medicine, Boston
41. University of Michigan Medical School, Ann Arbor, Mich.
42. Wayne State University College of Medicine, Detroit
43. University of Minnesota Medical School, Minneapolis
44. University of Mississippi School of Medicine, University, Miss.
45. St. Louis University School of Medicine, St. Louis
46. Washington University School of Medicine, St. Louis
47. Creighton University School of Medicine, Omaha
48. University of Nebraska College of Medicine, Omaha
49. Dartmouth Medical School, Hanover, N. H.
50. Albany Medical College, Albany, N. Y.
51. University of Buffalo School of Medicine, Buffalo
52. Albert Einstein College of Medicine, New York City
53. Columbia University College of Physicians and Surgeons, New York City
54. Cornell University Medical College, New York City
55. New York Medical College, Flower and Fifth Avenue Hospitals, New York City
56. New York University College of Medicine, New York City
57. State University of New York College of Medicine, New York City
58. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
59. State University of New York College of Medicine, Syracuse, N. Y.
60. University of North Carolina School of Medicine, Chapel Hill N. C.
61. Duke University School of Medicine, Durham, N. C.
62. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
63. University of Cincinnati College of Medicine, Cincinnati
64. Western Reserve University School of Medicine, Cleveland
65. Ohio State University College of Medicine, Columbus, Ohio
66. University of Oklahoma School of Medicine, Oklahoma City
67. University of Oregon Medical School, Portland, Ore.
68. Hahnemann Medical College and Hospital, Philadelphia
69. Jefferson Medical College, Philadelphia
70. Temple University School of Medicine, Philadelphia
71. University of Pennsylvania School of Medicine, Philadelphia
72. Woman's Medical College of Pennsylvania, Philadelphia
73. University of Pittsburgh School of Medicine, Pittsburgh
74. Medical College of South Carolina, Charleston, S. C.
75. University of South Dakota School of Medical Sciences, Vermillion, S. D.
76. University of Tennessee College of Medicine, Memphis, Tenn.
77. Meharry Medical College, Nashville, Tenn.
78. Vanderbilt University School of Medicine, Nashville, Tenn.
79. University of Texas Southwestern Medical School, Dallas, Texas
80. University of Texas Medical Branch, Galveston, Texas
81. Baylor University College of Medicine, Houston, Texas
82. University of Utah School of Medicine, Salt Lake City
83. University of Vermont College of Medicine, Burlington, Vt.
84. University of Virginia School of Medicine, Charlottesville, Va.
85. Medical College of Virginia, Richmond, Va.
86. University of Washington School of Medicine, Seattle
87. University of Wisconsin Medical School, Madison, Wis.
88. Marquette University School of Medicine, Milwaukee, Wis.
89. University of Puerto Rico School of Medicine, San Juan, P. R.

Affiliations as Referred to in Column Headed: "Affiliated Service"

100. U. S. Army Hospital, Fort Belvoir, Va.; U. S. Air Force Hospital, Washington, D. C.
101. U. S. Army Hospital, Fort Dix, N. J.
102. St. Joseph's Hospital, Children's Hospital, San Francisco
103. Charity Hospital of Louisiana, New Orleans
104. University Hospital, Baltimore
105. U. S. Naval Hospital, Portsmouth, Va.
106. U. S. Army Hospital, Seattle; Navajo Medical Center, Fort Defiance, Ariz.
107. District of Columbia General Hospital, Washington, D. C.
108. Los Angeles County Hospital, Los Angeles, obstetrics; Harbor General Hospital, Torrance, Calif., pediatrics
109. Los Angeles County Hospital, University of California Hospital, Los Angeles; Harbor General Hospital, Torrance, Calif.
110. Grady Memorial Hospital, Atlanta, Ga.
111. University of Oklahoma Hospitals, Oklahoma City
112. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas
113. Parkland Memorial Hospital, Dallas, Texas
114. Salt Lake County General Hospital, Salt Lake City
115. Children's Hospital, Birmingham, Ala.
116. Crippled Children's Clinic and Hospital, Children's Hospital, Veterans Administration Hospital, Birmingham, Ala.
117. Maricopa County General Hospital, Phoenix, Ariz.
118. Pima County General Hospital, Tucson, Ariz.

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119. Arkansas Children's Hospital, Little Rock, Ark.
120. Arkansas State Hospital, Veterans Administration Hospital, Little Rock, Ark.
121. Riverside Community Hospital, Riverside, Calif.
122. Los Angeles County Hospital, Los Angeles
123. Santa Monica Hospital, Santa Monica, Calif.
124. Children's Hospital, Los Angeles
125. St. Joseph Hospital, Burbank, Calif.
126. Fairmont Hospital of Alameda County, San Leandro, Calif.
127. John Wesley Memorial Hospital, Pasadena, Calif., obstetrics
128. U. S. Naval Hospital, San Diego, Calif., obstetrics
129. Laguna Honda Home, San Francisco; Hassler Health Home, Redwood City, Calif.
130. Mary's Help Hospital, Children's Hospital, San Francisco; Southern Pacific Hospital and Sanatorium, Tucson, Ariz.
131. Children's Hospital, San Francisco
132. Santa Barbara General Hospital, Santa Barbara, Calif.
133. California Hospital, Los Angeles
134. St. Luke's Hospital, Presbyterian Hospital, St. Joseph's Hospital, Porter Sanitarium and Hospital, Denver
135. Boulder County General Hospital, Boulder, Colo.
136. Childrens Hospital, Denver
137. Children's Hospital, Colorado General Hospital, Denver
138. Waterbury Hospital, Waterbury, Conn.; Laurel Heights State Tuberculosis Sanatorium, Shelton, Conn.
139. Yale-New Haven Medical Center, New Haven, Conn., obstetrics-gynecology
140. Hartford Hospital, Hartford, Conn.
141. Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn.
142. Children's Hospital, Washington Hospital Center, Washington, D. C.
143. Glenwood Hills Hospital, Minneapolis
144. Children's Hospital, District of Columbia General Hospital, Washington, D. C.
145. Duval Medical Center, Jacksonville, Fla.
146. Variety Children's Hospital, Miami, Fla.
147. Mercy Hospital, St. Petersburg, Fla.
148. Clara Frye Municipal Hospital, Southwest Florida Tuberculosis Hospital, Tampa, Fla.
149. Athens General Hospital, Athens, Ga.
150. Children's Memorial Hospital, Chicago
151. Cook County Hospital, Frank Cuneo Memorial Hospital, Chicago
152. Mercy Hospital, Chicago
153. Indianapolis General Hospital, Indianapolis
154. Northern Indiana Children's Hospital, South Bend, Ind.
155. Broadlawns Polk County Hospital, Des Moines, Iowa
156. Sedgwick County Hospital, Wichita, Kan.
157. Halstead Hospital, Halstead, Kan.
158. Children's Hospital, Louisville General Hospital, Louisville, Ky.
159. Children's Hospital, Jewish Hospital, Louisville, Ky.
160. St. Joseph Infirmary, Louisville, Ky.
161. St. Joseph Infirmary, Louisville General Hospital, Louisville, Ky.
162. Confederate Memorial Medical Center, Shreveport, La.
163. Johns Hopkins Hospital, Baltimore
164. Union Memorial Hospital, Baltimore; Peninsula General Hospital, Salisbury, Md.
165. Baltimore City Hospital, Baltimore
166. Children's Hospital, Washington, D. C.
167. Charles V. Chapin Hospital, Providence, R. I.
168. St. Margaret's Hospital, Boston
169. Beth Israel Hospital, Boston
170. Haynes Memorial Hospital, Boston Lying-In Hospital, Boston
171. Eastern Maine General Hospital, Bangor, Maine; Central Maine General Hospital, Lewiston, Maine; Boston Floating Hospital, Boston
172. Boston Floating Hospital, Boston
173. Robert Breck Brigham Hospital, Boston
174. Boston Lying-In Hospital, Boston
175. Fall River General Hospital Fall River, Mass.
176. Wesson Maternity Hospital, Springfield, Mass.
177. Hurley Hospital, McLaren General Hospital, Flint, Mich.; Beyer Memorial Hospital, Ypsilanti, Mich.; Midland Hospital, Midland, Mich.; Saginaw General Hospital, Saginaw, Mich.; St. Joseph Mercy Hospital, Ann Arbor, Mich.; Mercy Hospital, Benton Harbor, Mich.
178. Herman Kiefer Hospital, Detroit; Wayne County General Hospital and Infirmary, Eloise, Mich.
179. Receiving Hospital, Children's Hospital, Detroit
180. Harper Hospital, Detroit
181. Herman Kiefer Hospital, Detroit; St. Joseph's Retreat, Dearborn, Mich.
182. Herman Kiefer Hospital, Detroit
183. Children's Hospital, Detroit
184. Woman's Hospital, Herman Kiefer Hospital, Detroit
185. Genesee County Tuberculosis Sanatorium, Flint, Mich.
186. Evangeline Home and Hospital, Michigan Veterans Facility Hospital, Grand Rapids, Mich.
187. Children's Hospital, Receiving Hospital, Herman Kiefer Hospital, Detroit
188. Ingham Chest Hospital, Lansing, Mich.
189. Pontiac State Hospital, Oakland County Tuberculosis Sanatorium, Pontiac, Mich
190. Saginaw County Hospital, Saginaw, Mich., tuberculosis, communicable diseases
191. Miller Memorial Hospital, Duluth, Minn.
192. Minneapolis General Hospital, Minneapolis
193. St. Andrew's Hospital, Minneapolis
194. Children's Hospital, St. Paul; Elizabeth Kenny Institute, Minneapolis; Anoka State Hospital, Anoka, Minn.
195. Gillette State Hospital for Crippled Children, Children's Hospital, St. Paul
196. Children's Hospital, St. Paul
197. Ancker Hospital, Charles T. Miller Hospital, St. Paul
198. Mississippi State Charity Hospital, Vicksburg, Miss.
199. Children's Mercy Hospital, Kansas City, Mo.
200. Alexian Brothers Hospital, St. Vincent's Hospital, St. Louis
201. St. Louis City Hospital, St. Louis
202. St. Louis Maternity Hospital, St. Louis; St. Louis County Hospital, Clayton, Mo.; Burge Hospital, Springfield, Mo.
203. Douglas County Hospital, Children's Memorial Hospital, Omaha
204. Children's Memorial Hospital, Bishop Clarkson Memorial Hospital, Douglas County Hospital, Omaha
205. Children's Memorial Hospital, Omaha
206. Douglas County Hospital, Omaha
207. Children's Seashore Home, Atlantic City, N. J.; Clyde Fish Memorial Hospital, Northfield, N. J.; Betty Bacharach Home, Longport, N. J.
208. St. Elizabeth Hospital, Elizabeth, N. J.; St. Peter's General Hospital, New Brunswick, N. J.
209. Margaret Hague Maternity Hospital, Jersey City, N. J.
210. Flower and Fifth Avenue Hospitals, New York City
211. Babies Hospital-Coit Memorial, Newark, N. J.
212. A. N. Brady Hospital, Albany, N. Y.
213. Children's Hospital, Buffalo
214. Children's Hospital, Edward J. Meyer Memorial Hospital, Buffalo
215. Memorial Center for Cancer and Allied Diseases, Veterans Administration Hospital, New York City
216. University Hospital, New York City
217. Roosevelt Hospital, New York City
218. Jewish Hospital, Brooklyn
219. Lincoln Hospital, New York City
220. Hunterdon Medical Center, Flemington, N. J.
221. Edward J. Meyer Memorial Hospital, Buffalo
222. Strong Memorial Hospital, Rochester, N. Y.
223. Genesee Hospital, Highland Hospital, Rochester, N. Y.
224. Gravely Sanatorium, Chapel Hill, N. C.
225. Watts Hospital, Veterans Administration Hospital, Durham, N. C.
226. Children's Hospital, Akron, Ohio
227. Children's Hospital, Cincinnati
228. Daniel Drake Memorial Hospital, Dunham Hospital, Cincinnati
229. Booth Memorial Hospital, Cleveland
230. St. Ann's Hospital, Cleveland
231. Children's Hospital, Columbus, Ohio
232. Columbus Receiving Hospital, Ohio Tuberculosis Hospital, Children's Hospital, Columbus, Ohio
233. Lima State Hospital, Lima, Ohio
234. St. Vincent Charity Hospital, Cleveland
235. University Hospitals, Columbus, Ohio
236. Toledo State Hospital, William W. Roche Memorial Hospital, Toledo, Ohio
237. Mercy Hospital-Oklahoma City General, St. Anthony's Hospital, Wesley Hospital, Oklahoma City
238. St. Mary's Hospital, Astoria, Ore.; Wilcox Memorial Hospital, Portland, Ore.
239. Providence Hospital, Portland, Ore.
240. Hospital of the University of Pennsylvania, Philadelphia
241. Hospital of the Woman's Medical College, Philadelphia Psychiatric Hospital, Philadelphia
242. Philadelphia State Hospital, Philadelphia
243. Children s Hospital, Philadelphia
244. St. Christopher's Hospital for Children, Philadelphia
245. including Presbyterian Hospital, Elizabeth Steel Magee Hospital, Children's Hospital, Eye and Ear Hospital, Woman's Hospital, Western Psychiatric Institute and Clinic, Pittsburgh. Affiliated hospitals: Veterans Administration Hospital, Allegheny General Hospital, Western Pennsylvania Hospital, St. Francis Hospital, Pittsburgh; Glen Dale Sanatorium, Glen Dale, Md. (Washington, D. C.)
246. St. Francis General Hospital and Rehabilitation Institute, Pittsburgh
247. Providence Lying-In Hospital, Providence, R. I.
248. University of Tennessee Memorial Research Center and Hospital, Knoxville, Tenn.
249. City of Memphis Hospitals, Gailor Memorial Psychiatric Hospital, West Tennessee Tuberculosis Hospital, Memphis
250. West Tennessee Tuberculosis Hospital, Memphis Eye, Ear, Nose and Throat Hospital, City of Memphis Hospitals, Memphis
251. Nashville General Hospital, Nashville, Tenn.
252. Nashville-Vanderbilt Affiliated Hospitals, Baptist Hospital, Nashville, Tenn.
253. Driscoll Foundation Children's Hospital, Corpus Christi, Texas
254. Children's Medical Center, Dallas, Texas
255. Methodist Hospital, Texas Children's Hospital, Houston, Texas, straight internships in pediatrics
256. Jefferson Davis Hospital, Texas Children's Hospital, Houston, Texas
257. Gulf, Colorado and Santa Fe Hospital, Temple, Texas
258. Crippled Children's Hospital, Waco, Texas
259. Utah State Tuberculosis Sanatorium, Ogden, Utah
260. Veterans Administration Hospital, Salt Lake City
261. Blue Ridge Sanatorium, Charlottesville, Va.; Kings Daughters Hospital, Staunton, Va.; Lynchburg General Hospital, Lynchburg, Va.
262. University of Virginia Hospital, Charlottesville, Va.
263. Medical College of Virginia, Hospital Division, Tucker Hospital, Richmond, Va.
264. Medical College of Virginia, Hospital Division, Richmond, Va.
265. Children's Orthopedic Hospital, Seattle
266. Mary Bridge Children's Hospital, Tacoma, Wash.
267. Milwaukee Children's Hospital, South View Isolation Hospital, Milwaukee
268. Milwaukee Children's Hospital, Milwaukee
269. Milwaukee Hospital, Milwaukee
270. St. Joseph's Hospital, Milwaukee
271. Milwaukee Children's Hospital, Salvation Army Martha Washington Home, Milwaukee
272. Milwaukee Children's Hospital, Milwaukee County Hospital, Milwaukee
273. Milwaukee Children's Hospital, Johnston Emergency Hospital, Milwaukee
274. St. Michael Hospital, Milwaukee County Emergency Hospital, Milwaukee
275. Milwaukee Children's Hospital, Milwaukee County Hospital, Milwaukee County Emergency Hospital, Milwaukee
276. Milwaukee Children's Hospital, Milwaukee County Emergency Hospital, Milwaukee
277. South View Isolation Hospital, Milwaukee
278. St. Francis Hospital, Honolulu, Hawaii
279. Herman Kiefer Hospital, Children's Hospital, Detroit; Pontiac State Hospital, Pontiac

APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING GENERAL

Number of Approved Programs, 810

FEDERAL

UNITED STATES ARMY

Letterman Army Hospital	San Francisco
Fitzsimons Army Hospital	Denver
Walter Reed Army Hospital (Army Medical Center)	Washington, D. C.
U. S. Army Hospital	Fort Benning, Ga.
Valley Forge Army Hospital	Phoenixville, Pa.
William Beaumont Army Hospital	El Paso, Texas
Brooke Army Hospital, Fort Sam Houston	San Antonio, Texas
Madigan Army Hospital	Tacoma, Wash.
Tripler Army Hospital	Honolulu, T. H.

UNITED STATES AIR FORCE

U. S. Air Force Hospital (Lackland Air Force Base)	San Antonio, Texas

UNITED STATES NAVY

U. S. Naval Hospital	Oakland, Calif.
U. S. Naval Hospital	Oceanside, Calif.
U. S. Naval Hospital	San Diego, Calif.
U. S. Naval Hospital	Jacksonville, Fla.
U. S. Naval Hospital	Pensacola, Fla.
U. S. Naval Hospital	Great Lakes, Ill.
U. S. Naval Hospital	Bethesda, Md.
U. S. Naval Hospital	Chelsea, Mass.
U. S. Naval Hospital	St. Albans, N. Y.
U. S. Naval Hospital	Philadelphia
U. S. Naval Hospital	Newport, R. I.
U. S. Naval Hospital	Charleston, S. C.
U. S. Naval Hospital	Portsmouth, Va.
U. S. Naval Hospital	Bremerton, Wash.

U. S. PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital	San Francisco
U. S. Public Health Service Hospital	New Orleans
U. S. Public Health Service Hospital	Baltimore
U. S. Public Health Service Hospital	Staten Island, N. Y.
U. S. Public Health Service Hospital	Norfolk, Va.
U. S. Public Health Service Hospital	Seattle

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Freedmen's Hospital	Washington, D. C.
Saint Elizabeths Hospital	Washington, D. C.

VETERANS ADMINISTRATION

Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Center	Los Angeles
Veterans Admin. Hospital	Salt Lake City

NONFEDERAL

Birmingham Baptist Hospital	Birmingham, Ala.
Carraway Methodist Hospital	Birmingham, Ala.
St. Vincent's Hospital	Birmingham, Ala.
South Highlands Infirmary	Birmingham, Ala.
University Hospital and Hillman Clinic	Birmingham, Ala.
Lloyd Noland Hospital	Fairfield, Ala.
Holy Name of Jesus Hospital	Gadsden, Ala.
Mobile County Hospital	Mobile, Ala.
Druid City Hospital	Tuscaloosa, Ala.
Good Samaritan Hospital	Phoenix, Ariz.
Maricopa County General Hospital	Phoenix, Ariz.
St. Joseph's Hospital	Phoenix, Ariz.
St. Mary's Hospital and Sanatorium	Tucson, Ariz.
Tucson Medical Center	Tucson, Ariz.
Arkansas Baptist Hospital	Little Rock, Ark.
St. Vincent's Infirmary	Little Rock, Ark.
University Hospital	Little Rock, Ark.
General Hospital of Riverside County	Arlington, Calif.
Herrick Memorial Hospital	Berkeley, Calif.
San Joaquin General Hospital	French Camp, Calif.
General Hospital of Fresno County	Fresno, Calif.
Glendale Sanitarium and Hospital	Glendale, Calif.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.
St. Mary's Long Beach Hospital	Long Beach, Calif.
Seaside Memorial Hospital	Long Beach, Calif.
California Hospital	Los Angeles
Cedars of Lebanon Hospital	Los Angeles
Hospital of the Good Samaritan	Los Angeles
Los Angeles County Hospital	Los Angeles
Presbyterian Hospital-Olmsted Memorial	Los Angeles
Queen of Angels Hospital	Los Angeles
Santa Fe Coast Lines Hospital	Los Angeles
White Memorial Hospital	Los Angeles

NONFEDERAL—Continued

Highland-Alameda County Hospital	Oakland, Calif.
Kaiser Foundation Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Kaiser Foundation Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
University of California Hospitals	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
St. John's Hospital	Santa Monica, Calif.
Santa Monica Hospital	Santa Monica, Calif.
Harbor General Hospital	Torrance, Calif.
Glockner-Penrose Hospital	Colorado Springs, Colo.
General Rose Memorial Hospital	Denver
Mercy Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
University of Colorado Medical Center	
Colorado General Hospital	Denver
Denver General Hospital	Denver
Weld County General Hospital	Greeley, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Bristol Hospital	Bristol, Conn.
Danbury Hospital	Danbury, Conn.
Griffin Hospital	Derby, Conn.
Greenwich Hospital	Greenwich, Conn.
Hartford Hospital	Hartford, Conn.
Hartford Municipal Hospital and Health Center	Hartford, Conn.
Mount Sinai Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Manchester Memorial Hospital	Manchester, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Memorial Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.
Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
William W. Backus Hospital	Norwich, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
District of Columbia General Hospital	Washington, D. C.
Doctors Hospital	Washington, D. C.
Providence Hospital	Washington, D. C.
Washington Hospital Center	Washington, D. C.
Washington Sanitarium and Hospital	Washington, D. C.
Baptist Memorial Hospital	Jacksonville, Fla.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Sacred Heart Hospital	Pensacola, Fla.
Mound Park Hospital	St. Petersburg, Fla.
Tampa General Hospital	Tampa, Fla.
St. Mary's Hospital	West Palm Beach, Fla.
Athens General Hospital	Athens, Ga.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta, Ga.
Georgia Baptist Hospital	Atlanta, Ga.
Grady Memorial Hospital	Atlanta, Ga.
Piedmont Hospital	Atlanta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
University Hospital	Augusta, Ga.
Medical Center	Columbus, Ga.
Macon Hospital	Macon, Ga.
Memorial Hospital of Chatham County	Savannah, Ga.

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NONFEDERAL Continued

MacNeal Memorial Hospital..... Berwyn, Ill
St. Francis Hospital..... Blue Island, Ill.
American Hospital ..... Chicago
Augustana Hospital ..... Chicago
Chicago Wesley Memorial Hospital..... Chicago
Columbus Hospital ..... Chicago
Cook County Hospital..... Chicago
Edgewater Hospital ..... Chicago
Englewood Hospital ..... Chicago
Evangelical Hospital ..... Chicago
Grant Hospital ..... Chicago
Hospital of St. Anthony de Padua..... Chicago
Illinois Central Hospital..... Chicago
Illinois Masonic Hospital..... Chicago
Jackson Park Hospital..... Chicago
Loretto Hospital ..... Chicago
Lutheran Deaconess Home and Hospital..... Chicago
Mercy Hospital ..... Chicago
Michael Reese Hospital..... Chicago
Mount Sinai Hospital..... Chicago
Norwegian-American Hospital ..... Chicago
Passavant Memorial Hospital..... Chicago
Presbyterian Hospital ..... Chicago
Provident Hospital ..... Chicago
Ravenswood Hospital ..... Chicago
Resurrection Hospital ..... Chicago
Roseland Community Hospital..... Chicago
St. Bernard's Hospital..... Chicago
St. Elizabeth Hospital..... Chicago
St. Joseph Hospital..... Chicago
St. Luke's Hospital..... Chicago
St. Mary of Nazareth Hospital..... Chicago
South Chicago Community Hospital..... Chicago
South Shore Hospital..... Chicago
Swedish Covenant Hospital..... Chicago
University of Chicago Clinics..... Chicago
University of Illinois Research and Educational Hospitals..... Chicago
Walther Memorial Hospital..... Chicago
Woodlawn Hospital ..... Chicago
Decatur and Macon County Hospital..... Decatur, Ill.
St. Mary's Hospital..... East St. Louis, Ill.
Memorial Hospital of DuPage County..... Elmhurst, Ill.
Evanston Hospital ..... Evanston, Ill.
St. Francis Hospital..... Evanston, Ill.
Little Company of Mary Hospital..... Evergreen Park, Ill.
Oak Park Hospital..... Oak Park, Ill.
West Suburban Hospital..... Oak Park, Ill.
Methodist Hospital of Central Illinois..... Peoria, Ill.
St. Francis Hospital..... Peoria, Ill.
Rockford Memorial Hospital..... Rockford, Ill.
St. Anthony's Hospital..... Rockford, Ill.
Swedish-American Hospital ..... Rockford, Ill.
St. Catherine Hospital..... East Chicago, Ind.
Protestant Deaconess Hospital..... Evansville, Ind.
St. Mary's Hospital..... Evansville, Ind.
Lutheran Hospital ..... Fort Wayne, Ind.
Parkview Memorial Hospital..... Fort Wayne, Ind.
St. Joseph Hospital..... Fort Wayne, Ind.
Methodist Hospital ..... Gary, Ind.
St. Mary's Mercy Hospital..... Gary, Ind.
St. Margaret Hospital..... Hammond, Ind.
Indianapolis General Hospital..... Indianapolis
Indiana University Medical Center..... Indianapolis
Methodist Hospital ..... Indianapolis
St. Vincent's Hospital..... Indianapolis
St. Elizabeth Hospital..... Lafayette, Ind.
Ball Memorial Hospital..... Muncie, Ind.
Memorial Hospital ..... South Bend, Ind.
St. Joseph's Hospital..... South Bend, Ind.
Mercy Hospital ..... Cedar Rapids, Iowa
St. Luke's Methodist Hospital..... Cedar Rapids, Iowa
Mercy Hospital ..... Council Bluffs, Iowa
Broadlawns Polk County Hospital..... Des Moines, Iowa
Iowa Lutheran Hospital..... Des Moines, Iowa
Iowa Methodist Hospital..... Des Moines, Iowa
Mercy Hospital ..... Des Moines, Iowa
Mercy Hospital ..... Iowa City
State University of Iowa Hospitals..... Iowa City
Bethany Hospital ..... Kansas City, Kan.
St. Margaret's Hospital..... Kansas City, Kan.
University of Kansas Medical Center..... Kansas City, Kan.
St. Francis Hospital..... Wichita, Kan.
Wesley Hospital ..... Wichita, Kan.
Wichita-St. Joseph Hospital..... Wichita, Kan.
St. Elizabeth Hospital..... Covington, Ky.
Good Samaritan Hospital..... Lexington, Ky.
St. Joseph Hospital ..... Lexington, Ky.
Kentucky Baptist Hospital..... Louisville, Ky.
Louisville General Hospital..... Louisville, Ky.
Norton Memorial Infirmary..... Louisville, Ky.
St. Anthony Hospital..... Louisville, Ky.
St. Joseph Infirmary..... Louisville, Ky.
SS. Mary and Elizabeth Hospital..... Louisville, Ky.
Charity Hospital of Louisiana..... New Orleans
Hotel Dieu ..... New Orleans
Mercy Hospital ..... New Orleans
Southern Baptist Hospital..... New Orleans

NONFEDERAL—Continued

Touro Infirmary ..... New Orleans
Confederate Memorial Medical Center..... Shreveport, La.
North Louisiana Sanitarium..... Shreveport, La.
Eastern Maine General Hospital..... Bangor, Maine
Central Maine General Hospital..... Lewiston, Maine
St. Mary's General Hospital..... Lewiston, Maine
Maine Medical Center..... Portland, Maine
Baltimore City Hospitals..... Baltimore
Bon Secours Hospital..... Baltimore
Church Home and Hospital..... Baltimore
Franklin Square Hospital..... Baltimore
Lutheran Hospital ..... Baltimore
Maryland General Hospital..... Baltimore
Mercy Hospital ..... Baltimore
Provident Hospital and Free Dispensary..... Baltimore
St. Agnes Hospital..... Baltimore
St. Joseph's Hospital..... Baltimore
Sinai Hospital ..... Baltimore
South Baltimore General Hospital..... Baltimore
Union Memorial Hospital..... Baltimore
University Hospital ..... Baltimore
Suburban Hospital ..... Bethesda, Md.
Prince George's General Hospital..... Cheverly, Md.
Washington County Hospital..... Hagerstown, Md.
Beverly Hospital ..... Beverly, Mass.
Carney Hospital ..... Boston
New England Hospital..... Boston
St. Elizabeth Hospital..... Boston
Brockton Hospital ..... Brockton, Mass.
Cambridge City Hospital..... Cambridge, Mass.
Mount Auburn Hospital..... Cambridge, Mass.
Truesdale Hospital ..... Fall River, Mass.
Union Hospital ..... Fall River, Mass.
Holyoke Hospital ..... Holyoke, Mass.
Lawrence General Hospital..... Lawrence, Mass.
Lowell General Hospital..... Lowell, Mass.
St. John's Hospital..... Lowell, Mass.
St. Joseph's Hospital..... Lowell, Mass.
Lynn Hospital ..... Lynn, Mass.
St. Luke's Hospital..... New Bedford, Mass.
Newton-Wellesley Hospital ..... Newton Lower Falls, Mass.
St. Luke's Hospital..... Pittsfield, Mass.
Quincy City Hospital..... Quincy, Mass.
Salem Hospital..... Salem, Mass.
Mercy Hospital ..... Springfield, Mass.
Springfield Hospital ..... Springfield, Mass.
Wesson Memorial Hospital..... Springfield, Mass.
Waltham Hospital ..... Waltham, Mass.
Memorial Hospital ..... Worcester, Mass.
St. Vincent Hospital..... Worcester, Mass.
Worcester City Hospital..... Worcester, Mass.
St. Joseph's Mercy Hospital..... Ann Arbor, Mich.
Leila Y. Post Montgomery Hospital..... Battle Creek, Mich.
Mercy Hospital..... Benton Harbor, Mich.
Oakwood Hospital ..... Dearborn, Mich.
Detroit Memorial Hospital..... Detroit
Evangelical Deaconess Hospital..... Detroit
Grace Hospital ..... Detroit
Harper Hospital ..... Detroit
Henry Ford Hospital..... Detroit
Mount Carmel Mercy Hospital..... Detroit
Providence Hospital ..... Detroit
Receiving Hospital ..... Detroit
St. John Hospital..... Detroit
St. Joseph Mercy Hospital..... Detroit
Sinai Hospital ..... Detroit
Woman's Hospital..... Detroit
Wayne County General Hospital and Infirmary..... Eloise, Mich.
Hurley Hospital ..... Flint, Mich.
McLaren General Hospital..... Flint, Mich.
St. Joseph Hospital..... Flint, Mich.
Blodgett Memorial Hospital..... Grand Rapids, Mich.
Butterworth Hospital ..... Grand Rapids, Mich.
St. Mary's Hospital..... Grand Rapids, Mich.
Bon Secours Hospital..... Grosse Point, Mich.
Highland Park General Hospital..... Highland Park, Mich.
Borgess Hospital ..... Kalamazoo, Mich.
Bronson Methodist Hospital..... Kalamazoo, Mich.
Edward W. Sparrow Hospital..... Lansing, Mich.
St. Lawrence Hospital..... Lansing, Mich.
Midland Hospital ..... Midland, Mich.
Pontiac General Hospital..... Pontiac, Mich.
St. Joseph Mercy Hospital..... Pontiac, Mich.
William Beaumont Hospital..... Royal Oak, Mich.
Saginaw General Hospital..... Saginaw, Mich.
St. Luke's Hospital..... Saginaw, Mich.
St. Mary's Hospital..... Saginaw, Mich.
James Decker Munson Hospital..... Traverse City, Mich.
St. Luke's Hospital..... Duluth, Minn.
St. Mary's Hospital..... Duluth, Minn.
Asbury Methodist Hospital..... Minneapolis
Minneapolis General Hospital..... Minneapolis
Mount Sinai Hospital..... Minneapolis
Northwestern Hospital ..... Minneapolis
St. Barnabas Hospital..... Minneapolis
St. Mary's Hospital..... Minneapolis
Swedish Hospital ..... Minneapolis

NONFEDERAL—Continued

University of Minnesota Hospitals	Minneapolis
Ancker Hospital	St. Paul
Bethesda Hospital	St. Paul
Charles T. Miller Hospital	St. Paul
St. Joseph's Hospital	St. Paul
St. Luke's Hospital	St. Paul
Mississippi Baptist Hospital	Jackson, Miss.
University Hospital	Jackson, Miss.
Mercy Hospital-Street Memorial	Vicksburg, Miss.
St. Louis County Hospital	Clayton, Mo.
Kansas City General Hospital No. 1	Kansas City, Mo.
Menorah Medical Center	Kansas City, Mo.
Research Hospital	Kansas City, Mo.
St. Joseph Hospital	Kansas City, Mo.
St. Luke's Hospital	Kansas City, Mo.
St. Mary's Hospital	Kansas City, Mo.
Trinity Lutheran Hospital	Kansas City, Mo.
Missouri Methodist Hospital	St. Joseph, Mo.
St. Joseph's Hospital	St. Joseph, Mo.
Christian Hospital	St. Louis
De Paul Hospital	St. Louis
Evangelical Deaconess Hospital	St. Louis
Homer G. Phillips Hospital	St. Louis
Jewish Hospital	St. Louis
Missouri Baptist Hospital	St. Louis
St. Anthony's Hospital	St. Louis
St. John's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Luke's Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Butte Community Memorial Hospital	Butte, Mont.
St. James Hospital	Butte, Mont.
Montana Deaconess Hospital	Great Falls, Mont.
Bryan Memorial Hospital	Lincoln, Neb.
Lincoln General Hospital	Lincoln, Neb.
St. Elizabeth Hospital	Lincoln, Neb.
Bishop Clarkson Memorial Hospital	Omaha
Creighton Memorial-St. Joseph's Hospital	Omaha
Immanuel Hospital	Omaha
Nebraska Methodist Hospital	Omaha
St. Catherine's Hospital	Omaha
University of Nebraska Hospital	Omaha
Mary Hitchcock Memorial Hospital	Hanover, N. H.
Atlantic City Hospital	Atlantic City, N. J.
Bayonne Hospital and Dispensary	Bayonne, N. J.
Cooper Hospital	Camden, N. J.
Our Lady of Lourdes Hospital	Camden, N. J.
West Jersey Hospital	Camden, N. J.
East Orange General Hospital	East Orange N. J.
Alexian Brothers Hospital	Elizabeth, N. J.
Elizabeth General Hospital and Dispensary	Elizabeth, N. J.
St. Elizabeth Hospital	Elizabeth, N. J.
Englewood Hospital	Englewood, N. J.
Hackensack Hospital	Hackensack, N. J.
St. Mary's Hospital	Hoboken, N. J.
Christ Hospital	Jersey City, N. J.
Jersey City Hospital	Jersey City, N. J.
St. Francis Hospital	Jersey City, N. J.
Monmouth Memorial Hospital	Long Branch, N. J.
Mountainside Hospital	Montclair, N. J.
Morristown Memorial Hospital	Morristown, N. J.
Fitkin Memorial Hospital	Neptune, N. J.
Harrison S. Martland Medical Center	Newark, N. J.
Newark Beth Israel Hospital	Newark, N. J.
Presbyterian Hospital	Newark, N. J.
Saint Barnabas Medical Center	Newark, N. J.
St. Michael's Hospital	Newark, N. J.
Middlesex General Hospital	New Brunswick, N. J.
St. Peter's General Hospital	New Brunswick, N. J.
Orange Memorial Hospital	Orange, N. J.
Bergen Pines County Hospital	Paramus, N. J.
Passaic General Hospital	Passaic, N. J.
St. Mary's Hospital	Passaic, N. J.
Barnert Memorial Hospital	Paterson, N. J.
Paterson General Hospital	Paterson, N. J.
St. Joseph Hospital	Paterson, N. J.
Perth Amboy General Hospital	Perth Amboy, N. J.
Muhlenberg Hospital	Plainfield, N. J.
Somerset Hospital	Somerville, N. J.
Overlook Hospital	Summit, N. J.
Holy Name Hospital	Teaneck, N. J.
Mercer Hospital	Trenton, N. J.
St. Francis Hospital	Trenton, N. J.
William McKinley Memorial Hospital	Trenton, N. J.
Bernalillo County-Indian Hospital	Albuquerque, N. M.
Albany Hospital	Albany, N. Y.
Memorial Hospital	Albany, N. Y.
St. Peter's Hospital	Albany, N. Y.
Binghampton City Hospital	Binghampton, N. Y.
Lawrence Hospital	Bronxville, N. Y.
Beth-El Hospital	Brooklyn
Brooklyn Hospital	Brooklyn
Coney Island Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Greenpoint Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Lutheran Hospital	Brooklyn
Lutheran Medical Center	Brooklyn
Maimonides Hospital	Brooklyn

NONFEDERAL—Continued

Methodist Hospital	Brooklyn
Prospect Heights Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
St Mary's Hospital	Brooklyn
St. Peter's Hospital	Brooklyn
Unity Hospital	Brooklyn
Wyckoff Heights Hospital	Brooklyn
Buffalo General Hospital	Buffalo
Deaconess Hospital	Buffalo
Edward J. Meyer Memorial Hospital	Buffalo
Mercy Hospital	Buffalo
Millard Fillmore Hospital	Buffalo
Sisters of Charity Hospitals	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Elmhurst General Hospital	Elmhurst (Flushing), N. Y.
Arnot-Ogden Memorial Hospital	Elmira, N. Y.
St. Joseph's Hospital	Elmira, N. Y.
Flushing Hospital and Dispensary	Flushing, N. Y.
Community Hospital	Glen Cove, N. Y.
Glens Falls Hospital	Glens Falls, N. Y.
Meadowbrook Hospital	Hempstead, N. Y.
Jamaica Hospital	Jamaica, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Our Lady of Victory Hospital	Lackawanna, N. Y.
St. John's Long Island City Hospital	Long Island City, N. Y.
Nassau Hospital	Mineola, N. Y.
Northern Westchester Hospital	Mount Kisco, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
St. Luke's Hospital	Newburgh, N. Y.
Long Island Jewish Hospital	New Hyde Park, N. Y.
New Rochelle Hospital	New Rochelle, N. Y.
Beth David Hospital	New York City
Beth Israel Hospital	New York City
Bronx Hospital	New York City
Columbus Hospital	New York City
Fordham Hospital	New York City
French Hospital	New York City
Harlem Hospital	New York City
Hospital for Joint Diseases	New York City
Jewish Memorial Hospital	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Lenox Hill Hospital	New York City
Lincoln Hospital	New York City
Misericordia Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. Vincent's Hospital	New York City
Sydenham Hospital	New York City
Mount St. Mary's Hospital	Niagara Falls, N. Y.
Niagara Falls Memorial Hospital	Niagara Falls, N. Y.
United Hospital	Port Chester, N. Y.
St. Francis Hospital	Poughkeepsie, N. Y.
Vassar Brothers Hospital	Poughkeepsie, N. Y.
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
St. Mary's Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
Ellis Hospital	Schenectady, N. Y.
St Clare's Hospital	Schenectady, N. Y.
St. Vincent's Hospital	Staten Island, N. Y.
Staten Island Hospital	Staten Island, N. Y.
St. Joseph's Hospital	Syracuse, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
Leonard Hospital	Troy, N. Y.
St. Mary's Hospital	Troy, N. Y.
Samaritan Hospital	Troy, N. Y.
White Plains Hospital	White Plains, N. Y.
St. John's Riverside Hospital	Yonkers, N. Y.
Yonkers General Hospital	Yonkers, N. Y.
Memorial Mission Hospital of Western North Carolina	Asheville, N. C.
Charlotte Memorial Hospital	Charlotte, N. C.
Lincoln Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
Moses H. Cone Memorial Hospital	Greensboro, N. C.
Rex Hospital	Raleigh, N. C.
James Walker Memorial Hospital	Wilmington, N. C.
City Memorial Hospital	Winston-Salem, N. C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N. C.
St. John's Hospital	Fargo, N. D.
St. Luke's Hospital	Fargo, N. D.
Grand Forks Deaconess Hospital	Grand Forks, N. D.
Trinity Hospital	Minot, N. D.
Akron City Hospital	Akron, Ohio
Akron General Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Barberton Citizens Hospital	Barberton, Ohio
Aultman Hospital	Canton, Ohio

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NONFEDERAL—Continued

Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati
Cincinnati General Hospital	Cincinnati
Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
City Hospital	Cleveland
Cleveland Clinic Hospital	Cleveland
Evangelical Deaconess Hospital	Cleveland
Fairview Park Hospital	Cleveland
Huron Road Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
University Hospitals	Cleveland
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
University Hospitals	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth Hospital	Dayton, Ohio
Elyria Memorial Hospital	Elyria, Ohio
Euclid-Glenville Hospital	Euclid, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospital	Lima, Ohio
St. Joseph Hospital	Lorain, Ohio
Mercy Hospital	Springfield, Ohio
Springfield City Hospital	Springfield, Ohio
Ohio Valley Hospital	Steubenville, Ohio
Flower Hospital	Toledo, Ohio
Maumee Valley Hospital	Toledo, Ohio
Mercy Hospital	Toledo, Ohio
Riverside Hospital	Toledo, Ohio
St. Charles Hospital	Toledo, Ohio
St. Vincent's Hospital	Toledo, Ohio
Toledo Hospital	Toledo, Ohio
Trumbull Memorial Hospital	Warren, Ohio
St. Elizabeth Hospital	Youngstown, Ohio
Youngstown Hospital	Youngstown, Ohio
Good Samaritan Hospital	Zanesville, Ohio
Mercy Hospital, Oklahoma City General	Oklahoma City
St. Anthony Hospital	Oklahoma City
University of Oklahoma Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Medical Center	Tulsa, Okla.
St. John's Hospital	Tulsa, Okla.
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore
Providence Hospital	Portland, Ore.
St. Vincent's Hospital	Portland, Ore.
Univ. of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Lower Bucks County Hospital	Bristol, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Thomas M. Fitzgerald-Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Erie, Pa.
St. Vincent's Hospital	Erie, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Nesbitt Memorial Hospital	Kingston, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph's Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.
Albert Einstein Medical Center, Northern Division	Philadelphia
Albert Einstein Medical Center, Southern Division	Philadelphia
Chestnut Hill Hospital	Philadelphia
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hospital of the University of Pennsylvania	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Jefferson Medical College Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Nazareth Hospital	Philadelphia

NONFEDERAL—Continued

Northeastern Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia
St. Joseph's Hospital	Philadelphia
St. Luke's and Children's Medical Center	Philadelphia
Temple University Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
St. Francis General Hospital and Rehabilitation Institute	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
Shadyside Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Community General Hospital	Reading, Pa.
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Robert Packer Hospital	Sayre, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Sharon General Hospital	Sharon, Pa.
Allegheny Valley Hospital	Tarentum, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Chester County Hospital	West Chester, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkinsburg, Pa.
Divine Providence Hospital	Williamsport, Pa.
Williamsport Hospital	Williamsport, Pa.
York Hospital	York, Pa.
Newport Hospital	Newport, R. I.
Memorial Hospital	Pawtucket, R. I.
Miriam Hospital	Providence, R. I.
Rhode Island Hospital	Providence, R. I.
Roger Williams General Hospital	Providence, R. I.
St. Joseph's Hospital	Providence, R. I.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Columbia Hospital of Richland County	Columbia, S. C.
McLeod Infirmary	Florence, S. C.
Greenville General Hospital	Greenville, S. C.
Orangeburg Regional Hospital	Orangeburg, S. C.
Spartanburg General Hospital	Spartanburg, S. C.
McKennan Hospital	Sioux Falls, S. Dak.
Sioux Valley Hospital	Sioux Falls, S. Dak.
Sacred Heart Hospital	Yankton, S. Dak.
Baroness Erlanger Hospital	Chattanooga, Tenn.
Holston Valley Community Hospital	Kingsport, Tenn.
East Tennessee Baptist Hospital	Knoxville, Tenn.
Fort Sanders Presbyterian Hospital	Knoxville, Tenn.
St. Mary's Memorial Hospital	Knoxville, Tenn.
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
Baptist Memorial Hospital	Memphis, Tenn
City of Memphis Hospitals (John Gaston Hosp.)	Memphis, Tenn.
Methodist Hospital	Memphis, Tenn.
St. Joseph's Hospital	Memphis, Tenn.
Baptist Hospital	Nashville, Tenn.
George W. Hubbard Hospital	Nashville, Tenn.
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Brackenridge Hospital	Austin, Texas
Memorial Hospital	Corpus Christi, Texas
Baylor University Hospital	Dallas, Texas
Methodist Hospital	Dallas, Texas
Parkland Memorial Hospital	Dallas, Texas
St. Paul's Hospital	Dallas, Texas
El Paso General Hospital	El Paso, Texas
Hotel Dieu Sisters' Hospital	El Paso, Texas
Harris Hospital	Fort Worth, Texas
John Peter Smith Hospital	Fort Worth, Texas
St. Joseph's Hospital	Fort Worth, Texas
University of Texas Medical Branch Hospitals	Galveston, Texas
Hermann Hospital	Houston, Texas
Jefferson Davis Hospital	Houston, Texas
Memorial Hospital	Houston, Texas
Methodist Hospital	Houston, Texas
St. Joseph's Hospital	Houston, Texas
Baptist Memorial Hospital	San Antonio, Texas
Robert B. Green Memorial Hospital	San Antonio, Texas
Santa Rosa Hospital	San Antonio, Texas
Scott and White Memorial Hospitals	Temple, Texas
Providence Hospital	Waco, Texas
St. Benedict's Hospital	Ogden, Utah
Thomas D. Dee Memorial Hospital	Ogden, Utah
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
Holy Cross Hospital	Salt Lake City
St. Mark's Hospital	Salt Lake City
Salt Lake County General Hospital	Salt Lake City
De Goesbriand Memorial Hospital	Burlington, Vt.
Mary Fletcher Hospital	Burlington, Vt.
Alexandria Hospital	Alexandria, Va.
University of Virginia Hospital	Charlottesville, Va.

NONFEDERAL—Continued

Memorial Hospital ..... Danville, Va.
Lynchburg General Hospital..... Lynchburg, Va.
Mary Immaculate Hospital..... Newport News, Va.
Riverside Hospital ..... Newport News, Va.
De Paul Hospital..... Norfolk, Va.
Norfolk General Hospital..... Norfolk, Va.
Johnston-Willis Hospital ..... Richmond, Va.
Medical College of Virginia—Hospital Division..... Richmond, Va.
Stuart Circle Hospital..... Richmond, Va.
Lewis-Gale Hospital ..... Roanoke, Va.
Roanoke Memorial Hospital..... Roanoke, Va.
Winchester Memorial Hospital..... Winchester, Va.
Doctors Hospital ..... Seattle
King County Hospital Unit No. 1 (Harborview)..... Seattle
Providence Hospital ..... Seattle
Seattle General Hospital..... Seattle
Swedish Hospital ..... Seattle
Virginia Mason Hospital..... Seattle
Deaconess Hospital ..... Spokane, Wash.
Sacred Heart Hospital..... Spokane, Wash.
St. Luke's Hospital..... Spokane, Wash.
Pierce County Hospital..... Tacoma, Wash.
St. Joseph Hospital..... Tacoma, Wash.
Tacoma General Hospital..... Tacoma, Wash.
Charleston General Hospital..... Charleston, W. Va.
Kanawha Valley Hospital..... Charleston, W. Va.
Memorial Hospital ..... Charleston, W. Va.
Cabell Huntington Hospital..... Huntington, W. Va.
St. Mary's Hospital..... Huntington, W. Va.
Camden-Clark Memorial Hospital..... Parkersburg, W. Va.
St. Joseph's Hospital..... Parkersburg, W. Va.
Ohio Valley General Hospital..... Wheeling, W. Va.
Wheeling Hospital ..... Wheeling, W. Va.
Luther Hospital ..... Eau Claire, Wis.
St. Agnes Hospital..... Fond du Lac, Wis.
Mercy Hospital ..... Janesville, Wis.
La Crosse Lutheran Hospital..... La Crosse, Wis.
St. Francis Hospital..... La Crosse, Wis.

ROTATING (Med. Major)

Number of Approved Programs, 9

George Washington University Hospital..... Washington, D. C.
University Hospital..... Ann Arbor, Mich.
Missouri Baptist Hospital..... St. Louis
Prospect Heights Hospital..... Brooklyn
St. Peter's Hospital..... Brooklyn
University Hospitals..... Columbus, Ohio
University of Oklahoma Hospitals..... Oklahoma City, Okla.
St. Paul's Hospital..... Dallas, Texas
Norfolk General Hospital..... Norfolk, Va.

ROTATING (Surg. Major)

Number of Approved Programs, 11

George Washington University Hospital..... Washington, D. C.
T. E. Schumpert Memorial Hospital..... Shreveport, La.
University Hospital..... Ann Arbor, Mich.
Missouri Baptist Hospital..... St. Louis
Prospect Heights Hospital..... Brooklyn
St. Peter's Hospital..... Brooklyn
Bellevue Hospital Center Div. I—Surgical—
Columbia University..... New York City
University Hospitals..... Columbus, Ohio
University of Oklahoma Hospitals..... Oklahoma City, Okla.
St. Paul's Hospital..... Dallas, Tex.
Norfolk General Hospital..... Norfolk, Va.

ROTATING (Ped. Major)

Number of Approved Programs, 3

University Hospital..... Ann Arbor, Mich.
St. Peter's Hospital..... Brooklyn
Norfolk General Hospital..... Norfolk, Va.

ROTATING (Ob.-Gyn. Major)

Number of Approved Programs, 3

University Hospital..... Ann Arbor, Mich.
St. Peter's Hospital..... Brooklyn
Norfolk General Hospital..... Norfolk, Va.

OTHER ROTATING

Number of Approved Programs, 11

University of Colorado Medical Center
Colorado General Hospital..... Denver
Community Rotating
Denver General Hospital..... Denver

OTHER ROTATING—Continued

Community Rotating
George Washington University Hospital..... Washington, D. C.
Rotating (Path.-Major)
University Hospital..... Ann Harbor, Mich.
Rotating (Neurol.-Major)
Rotating (Derm.-Major)
Rotating (Anes.-Major)
Rotating (Otol.-Major)
Rotating (Ophth.-Major)
Rotating (Phys.-Med. Rehab.-Major)
Rotating (Gen. Prac.-Major)
Rotating (Path.-Major)

MIXED

Number of Approved Programs, 29

U. S. Public Health Service Hospital, Boston; Med.-Surg.
University Hospital, Little Rock, Ark.; Med.-Ped.
Georgetown University Hospital, Washington, D. C.; Med.-Surg.
University of Kansas Medical Center, Kansas City, Kan.; Med.-Surg.-Ped.; Path.-Med.; Path.-Surg.
Baltimore City Hospitals, Baltimore; Med.-Ped.; Ped.-Med.
Hospital for Women, Baltimore; Med.-Ob.-Gyn.
University Hospital, Baltimore, Md.; Surg.-Ob.-Gyn.
Holyoke Hospital, Holyoke, Mass.; Med.-Surg.
Lutheran Hospital, St. Louis; Med.-Surg.-Ob.-Gyn.
Bellevue Hospital Center, New York City
Division I—Medical—Columbia University; Med.-Chest-Surg. or Path.
Bellevue Hospital Center, New York City
Division II—Medical—Cornell University; Med.-Path.
Bellevue Hospital Center, New York City
Division III—Medical—New York University College of Medicine; Med.-Surg.
Bellevue Hospital Center, New York City
Division III—Surgical—New York University College of Medicine; Surg.-Med.
Knickerbocker Hospital, New York City; Med.-Surg.
Montefiore Hospital, New York City; Med.-Surg.-Pul.-Neuro.-Neoplastic
Roosevelt Hospital, New York City; Med.-Ped.-Surg.; Surg.-Gyn.-Med.
St. Luke's Hospital, New York City; Med.-Surg.; Surg.-Med.
Strong Memorial—Rochester Municipal Hospitals, Rochester, N. Y.; Surg.-Ob.-Gyn.
General Hospital, Syracuse, N. Y.; Med.-Surg.-Ob.-Gyn.
State University of New York Upstate Medical Center Hospitals, Syracuse, N. Y.; Med.-Surg.
Grasslands Hospital, Valhalla, N. Y.; Med.-Ped.-Surg.; Surg.-Ob.-Med.
North Carolina Memorial Hospital, Chapel Hill, N. C.; Med.-Ped.
Duke Hospital, Durham, N. C.; Ob.-Ped.
Watts Hospital, Durham, N. C.; Med.-Surg.-Ob.-Gyn.
North Carolina Baptist Hospital, Winston-Salem, N. C.; Ped.-Ob.-Gyn.-Med.
Bethesda Hospital, Cincinnati; Med.-Ob.-Surg.
Baroness Erlanger Hospital, Chattanooga, Tenn.; Med.-Ob.-Surg.
St. Thomas Hospital, Nashville, Tenn.; Med.-Surg.; Ob.-Gyn.-Surg.; Ob.-Gyn.-Med.
Jefferson Hospital, Roanoke, Va.; Surg.-Med.-Ob.

STRAIGHT

Total Number of Approved Programs, 210

INTERNAL MEDICINE

Number of Approved Programs, 79

Veterans Admin. Hospital..... Long Beach, Calif.
Veterans Admin. Hospital..... Los Angeles
Veterans Admin. Hospital..... Atlanta, Ga.
Veterans Admin. Hospital..... Oklahoma City
Veterans Admin. Hospital..... Dallas, Texas
Veterans Admin. Hospital..... Salt Lake City
University Hospital and Hillman Clinic..... Birmingham, Ala.
University Hospital..... Little Rock, Ark.
Los Angeles County Hospital..... Los Angeles
University of California Hospital..... Los Angeles
Stanford University Hospitals..... San Francisco
University of California Hospitals..... San Francisco
Bridgeport Hospital..... Bridgeport, Conn.
Grace-New Haven Community Hospital..... New Haven, Conn.
Georgetown University Hospital..... Washington, D. C.
Jackson Memorial Hospital..... Miami, Fla.
Grady Memorial Hospital..... Atlanta, Ga.
Emory University Hospital..... Emory University, Ga.
Michael Reese Hospital..... Chicago
University of Kansas Medical Center..... Kansas City, Kan.
Louisville General Hospital..... Louisville, Ky.
Ochsner Foundation Hospital..... New Orleans
Baltimore City Hospitals..... Baltimore
Church Home and Hospital..... Baltimore
Johns Hopkins Hospital..... Baltimore
Sinai Hospital..... Baltimore
University Hospital..... Baltimore
Beth Israel Hospital..... Boston
Boston City Hospital..... Boston
Massachusetts General Hospital..... Boston
Massachusetts Memorial Hospitals..... Boston
New England Center Hospital..... Boston

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INTERNAL MEDICINE—Continued

Peter Bent Brigham Hospital..... Boston
Northwestern Hospital..... Minneapolis
University of Minnesota Hospitals..... Minneapolis
Barnes Hospital..... St. Louis
St. Mary's Group of Hospitals..... St. Louis
Jersey City Hospital..... Jersey City, N. J.
Albany Hospital..... Albany, N. Y.
Cumberland Hospital..... Brooklyn
Jewish Hospital..... Brooklyn
Kings County Hospital..... Brooklyn
Long Island College Hospital..... Brooklyn
Maimonides Hospital..... Brooklyn
Methodist Hospital..... Brooklyn
St. John's Episcopal Hospital..... Brooklyn
Buffalo General Hospital..... Buffalo
Mary Imogene Bassett Hospital..... Cooperstown, N. Y.
Bellevue Hospital Center Division II—Medical
Cornell University..... New York City
Bellevue Hospital Center Division III—Medical
New York University College of Medicine..... New York City
Bellevue Hospital Center Division IV—Medical
New York University Postgraduate Medical School..... New York City
Bronx Municipal Hospital Center..... New York City
Knickerbocker Hospital..... New York City
Lebanon Hospital..... New York City
New York Hospital..... New York City
Presbyterian Hospital..... New York City
St. Clare's Hospital..... New York City
St. Vincent's Hospital..... New York City
Genesee Hospital..... Rochester, N. Y.
Rochester General Hospital..... Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals..... Rochester, N. Y.
State University of New York Upstate Medical Center..... Syracuse, N. Y.
North Carolina Memorial Hospital..... Chapel Hill, N. C.
Duke Hospital..... Durham, N. C.
Watts Hospital..... Durham, N. C.
North Carolina Baptist Hospital..... Winston-Salem, N. C.
University Hospitals..... Cleveland
St. Thomas Hospital..... Nashville, Tenn.
Vanderbilt University Hospital..... Nashville, Tenn.
Baylor University Hospital..... Dallas, Texas
Parkland Memorial Hospital..... Dallas, Texas
St. Paul's Hospital..... Dallas, Texas
Jefferson Davis Hospital..... Houston, Texas
Methodist Hospital..... Houston, Texas
Salt Lake County General Hospital..... Salt Lake City
University of Virginia Hospital..... Charlottesville, Va.
Chesapeake and Ohio Hospital..... Clifton Forge, Va.
Medical College of Virginia—Hospital Division..... Richmond, Va.
King County Hospital, Unit No. 1 (Harborview)..... Seattle

PATHOLOGY

Number of Approved Programs, 25

University of California Hospital..... Los Angeles
University of California Hospitals..... San Francisco
Grace-New Haven Community Hospital..... New Haven, Conn.
Emory University Hospital..... Emory University, Ga.
University of Kansas Medical Center..... Kansas City, Kan.
Baltimore City Hospitals..... Baltimore
Johns Hopkins Hospital..... Baltimore
Boston City Hospital..... Boston
Children's Medical Center..... Boston
Massachusetts General Hospital..... Boston
Massachusetts Memorial Hospitals..... Boston
Barnes Hospital..... St. Louis
Jersey City Hospital..... Jersey City, N. J.
Kings County Hospital..... Brooklyn
Bellevue Hospital Center, Division III—Pathology
New York University College of Medicine..... New York City
New York Hospital..... New York City
Presbyterian Hospital..... New York City
Genesee Hospital..... Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals..... Rochester, N. Y.
North Carolina Memorial Hospital..... Chapel Hill, N. C.
Duke Hospital..... Durham, N. C.
North Carolina Baptist Hospital..... Winston-Salem, N. C.
University Hospitals..... Cleveland
Good Samaritan Hospital..... Portland, Ore.
Vanderbilt University Hospital..... Nashville, Tenn.

PEDIATRICS

Number of Approved Programs, 45

University Hospital and Hillman Clinic..... Birmingham, Ala.
University Hospital..... Little Rock, Ark.
Childrens Hospital..... Los Angeles
University of California Hospital..... Los Angeles
Stanford University Hospitals..... San Francisco
University of California Hospitals..... San Francisco
Grace-New Haven Community Hospital..... New Haven, Conn.
Grady Memorial Hospital..... Atlanta, Ga.
Michael Reese Hospital..... Chicago
University of Chicago Clinics..... Chicago
University of Kansas Medical Center..... Kansas City, Kan.
Louisville General Hospital..... Louisville, Ky.
Baltimore City Hospitals..... Baltimore
Johns Hopkins Hospital..... Baltimore
Sinai Hospital..... Baltimore

PEDIATRICS—Continued

University Hospital..... Baltimore
Boston City Hospital..... Boston
Children's Medical Center..... Boston
Massachusetts General Hospital..... Boston
Northwestern Hospital..... Minneapolis
University of Minnesota Hospitals..... Minneapolis
St. Louis Children's Hospital..... St. Louis
St. Mary's Group of Hospitals..... St. Louis
Jersey City Hospital..... Jersey City, N. J.
Cumberland Hospital..... Brooklyn
Jewish Hospital..... Brooklyn
Kings County Hospital..... Brooklyn
Methodist Hospital..... Brooklyn
St. John's Episcopal Hospital..... Brooklyn
Children's Hospital..... Buffalo
Bellevue Hospital Center—Division III—Pediatrics
New York University College of Medicine..... New York City
Bronx Municipal Hospital Center..... New York City
New York Hospital..... New York City
St. Luke's Hospital..... New York City
Strong Memorial-Rochester Municipal Hospitals..... Rochester, N. Y.
State University of New York Upstate Medical Center..... Syracuse, N. Y.
North Carolina Memorial Hospital..... Chapel Hill, N. C.
Duke Hospital..... Durham, N. C.
North Carolina Baptist Hospital..... Winston-Salem, N. C.
University Hospitals..... Cleveland
Vanderbilt University Hospital..... Nashville, Tenn.
Children's Medical Center..... Dallas, Texas
Jefferson Davis Hospital..... Houston, Texas
Salt Lake County General Hospital..... Salt Lake City
Milwaukee Children's Hospital..... Milwaukee

SURGERY

Number of Approved Programs, 61

University of California Hospital..... Los Angeles
Stanford University Hospitals..... San Francisco
University of California Hospitals..... San Francisco
Bridgeport Hospital..... Bridgeport, Conn.
Grace-New Haven Community Hospital..... New Haven, Conn.
Grady Memorial Hospital..... Atlanta, Ga.
Emory University Hospital..... Emory University, Ga.
Michael Reese Hospital..... Chicago
Provident Hospital..... Chicago
Indiana University Medical Center..... Indianapolis
University of Kansas Medical Center..... Kansas City, Kan.
Baltimore City Hospitals..... Baltimore
Johns Hopkins Hospital..... Baltimore
Sinai Hospital..... Baltimore
University Hospital..... Baltimore
Beth Israel Hospital..... Boston
Boston City Hospital..... Boston
Massachusetts General Hospital..... Boston
Massachusetts Memorial Hospitals..... Boston
New England Center Hospital..... Boston
Peter Bent Brigham Hospital..... Boston
Northwestern Hospital..... Minneapolis
University of Minnesota Hospitals..... Minneapolis
St. Joseph Hospital..... Kansas City, Mo.
Barnes Hospital..... St. Louis
St. Mary's Group of Hospitals..... St. Louis
Jersey City Hospital..... Jersey City, N. J.
Albany Hospital..... Albany, N. Y.
Cumberland Hospital..... Brooklyn
Kings County Hospital..... Brooklyn
Long Island College Hospital..... Brooklyn
Methodist Hospital..... Brooklyn
St. John's Episcopal Hospital..... Brooklyn
Buffalo General Hospital..... Buffalo
Bellevue Hospital Center—Division I—Surgical
Columbia University..... New York City
Bellevue Hospital Center—Division II—Surgical
Cornell University..... New York City
Bellevue Hospital Center—Division III—Surgical
New York University College of Medicine..... New York City
Bellevue Hospital Center—Division IV—Surgical
New York University Postgraduate Medical School..... New York City
Bronx Municipal Hospital Center..... New York City
Knickerbocker Hospital..... New York City
Lebanon Hospital..... New York City
New York Hospital..... New York City
Presbyterian Hospital..... New York City
St. Clare's Hospital..... New York City
St. Vincent's Hospital..... New York City
Genesee Hospital..... Rochester, N. Y.
Highland Hospital..... Rochester, N. Y.
Rochester General Hospital..... Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals..... Rochester, N. Y.
State University of New York Upstate Medical Center..... Syracuse, N. Y.
North Carolina Memorial Hospital..... Chapel Hill, N. C.
Duke Hospital..... Durham, N. C.
North Carolina Baptist Hospital..... Winston-Salem, N. C.
University Hospitals..... Cleveland
St. Thomas Hospital..... Nashville, Tenn.
Vanderbilt University Hospital..... Nashville, Tenn.
Baylor University Hospital..... Dallas, Texas
Jefferson Davis Hospital..... Houston, Texas
Methodist Hospital..... Houston, Texas
University of Virginia Hospital..... Charlottesville, Va.
Medical College of Virginia—Hospital Division..... Richmond, Va.

APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1957

Hospitals, 1,259; Assistant Residencies and Fellowships, 31,252

The following services are approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies and Fellowships. In those specialties in which certifying boards have been established approval is extended in concurrence with the Board concerned as indicated. The number of years of training for which approval has been granted is indicated in the column, "Length of Approved Program (years)." Residencies in which this designation does not appear have been approved without specifying the number of years for which they are accredited. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables.

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1. ALLERGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine.

Hospitals, 20; Assistant Residencies and Residencies, 35

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-3]	Washington, D. C.	H. Ratcliffe	486	9,260	2	2	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	San Diego, Calif.	A. L. Lawler	7	6,602	1	2	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	N. B. Kurnick	382	1,042	..	1	...
Kaiser Foundation Hospital [1-3]	San Francisco	B. F. Feingold	...	68,689	..	2	265
Northwestern University Medical Center [1-3]	Chicago	S. Feinberg	...	3,886	2	2	225
University of Illinois Research and Education Hospitals [1-3]	Chicago	M. Samter	40	7,545	1	1	125
Massachusetts General Hospital [1-3]	Boston	W. S. Burrage	...	8,661	2	2	67
University Hospital [1-3]	Ann Arbor, Mich.	J. N. Sheldon	16	10,851	3	3	232
Mayo Foundation [1-3]	Rochester, Minn.	L. E. Frickman	Incl. in Int. Med.		..	..	175
Jewish Hospital [1-3]	Brooklyn, N. Y.	M. Grolnick	23	7,674	1	1	100
Buffalo General Hospital [1-3]	Buffalo	C. E. Arbesman	Incl. in Int. Med.		1	2	300
Roosevelt Hospital [1-3]	New York City	R. A. Cooke	301	41,244	4	4	200
Duke University Hospital [1-3]	Durham, N. C.	O. Hansen-Pruss	170	650	..	2	200
Ohio State University Hospitals University Hospital [1-3]	Columbus, Ohio	J. H. Mitchell	...	2,302	..	1	252
Temple University Hospital [1-3]	Philadelphia	L. Tuft	...	4,927	1	1	...
Montefiore Hospital [1-3]	Pittsburgh	L. H. Criep	103	12,425	2	2	225
Veterans Admin. Hospital [1-3]	Pittsburgh	L. H. Criep	298	15,480	2	2	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	O. Swineford, Jr.	204	5,001	3	3	200
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	M. F. B. Owens	...	5,979	..	1	125
University Hospitals [1-3]	Madison, Wis.	S. B. Crepea	...	4,033	1	1	...

2. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology.

Hospitals, 213; Assistant Residencies and Residencies, 1,272

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital	San Antonio, Texas	A. B. Tarrow	6,474	3,262	3	6	...
UNITED STATES ARMY							
Letterman Army Hospital [1-3]	San Francisco	J. F. Pfeffer	6,222	2,493	..	2	...
Fitzsimons Army Hospital [1]	Denver	C. H. Mitchell	5,915	695	..	2	...
Army Medical Center [1-3]	Washington, D.C.	H. C. Slocum	11,612	5,518	4	10	...
Brooke Army Hospital [1-3]	San Antonio, Texas	J. A. Jenkeck	5,632	2,192	4	10	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Oakland, Calif.	E. E. Parker	11,168	4,000	2	4	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. M. Hanner	14,534	1,691	2	4	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. G. Kurfees	10,910	3,233	2	4	...
U. S. Naval Hospital [1]	Chelsea, Mass.	D. R. Buechel	5,223	495	2	4	...

Numerical and other references will be found on pages 556 through 559.

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2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
U. S. Naval Hospital [1]	St. Albans, N. Y.	D. M. Pino	6,609	718	2	4	...
U. S. Naval Hospital [1]	Philadelphia	T. C. Deas	5,566	1,351	2	4	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	K. F. Urbach	3,202	1,401	2	4	...
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	A. McNeal	10,652	8,900	2	4	108
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	R. W. Grady	3,711	1,798	1	2	225
St. Vincent Infirmary [1-3]	Little Rock, Ark.	P. Hickey	7,301	2,305	4	8	300
University Hospital [1]	Little Rock, Ark.	C. W. Shafer	2,401	1,502	2	5	150
Los Angeles County Hospital [1]	Los Angeles	J. Denson	14,629	8,496	14	27	246
University of California Hospital [1-3]	Los Angeles	J. B. Dillon	2,019	1,749	4	7	198
Veterans Admin. Hospital [1-3]	Los Angeles	N. H. Rupp	5,391	708	4	10	...
White Memorial Hospital [1-3]	Los Angeles	F. E. Leffingwell	4,892	2,588	5	10	150
Highland-Alameda County Hospital [1]	Oakland, Calif.	C. H. Gallup	3,270	1,914	2	4	200
Samuel Merritt Hospital [1]	Oakland, Calif.	B. M. Anderson	6,159	3,674	2	5	195
Kaiser Foundation Hospital [1-3]	San Francisco	E. P. Shannon	5,236	3,927	3	6	265
Mount Zion Hospital [1-3]	San Francisco	A. J. Harris	5,337	3,371	1	2	150
St. Francis Memorial Hospital [1-3]	San Francisco	J. E. Cann	5,627	5,214	3	3	300
St. Joseph's Hospital [1-3]	San Francisco	R. A. Simpson	4,072	1,712	1	2	300
San Francisco Hospital							
Stanford University Service [1-3]	San Francisco	R. Ponath	5,742	2,324	3	6	195
Stanford University Hospitals [1-3]	San Francisco	P. J. Bailey	6,456	669	2	3	80
University of California Hospital [1-3]	San Francisco		6,953	4,778	5	9	210
Santa Clara County Hospital [1-3]	San Jose, Calif.	J. Atkinson-J. W. Pender	2,292	1,673	1	2	260
Harbor General Hospital [1]	Torrance, Calif.	J. D. Boone	2,909	1,693	2	4	246
University of Colorado Medical Center							
Colorado General Hospital [1-3]	Denver	R. W. Virtue	3,618	1,693	5	9	180
Denver General Hospital [1-3]	Denver	R. Virtue	2,652	1,450	..	..	157
Veterans Admin. Hospital [1-3-88]	Denver	F. Brown	1,833	1,021	1	3	...
Bridgeport Hospital [1-3]	Bridgeport, Conn.	D. Massey	9,173	3,755	1	2	240
Hartford Hospital [1-3-92]	Hartford, Conn.	R. M. Tovell	44,015	17,233	10	20	100
St. Francis Hospital [1-3]	Hartford, Conn.	S. J. Martin	17,138	7,504	3	6	125
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	N. M. Greene	12,470	920	3	7	50
Hospital of St. Raphael [1]	New Haven, Conn.	M. Garofano	8,880	7,087	2	4	150
District of Columbia General Hospital [1-3]	Washington, D.C.	S. N. Albert	4,879	3,873	3	5	233
Doctors Hospital [1-3]	Washington, D.C.	D. Stubbs	7,739	6,551	2	4	250
Georgetown University Hospital [1-3]	Washington D.C.	T. F. McDermott	9,172	5,247	6	11	175
George Washington University Hospital [1-3]	Washington, D.C.	C. S. Coakley	11,384	10,023	5	12	150
Washington Hospital Center							
Garfield Memorial Hospital [1-3]	Washington, D.C.	W. E. Bageant	4,743	102	..	..	215
Jackson Memorial Hospital [1-3]	Miami, Fla.	J. G. Converse	14,123	5,708	2	4	75
University Hospital [1]	Augusta, Ga.	A. J. Waters	5,386	3,756	4	8	200
Emory University Hospital [1-3]	Emory University, Ga.	W. H. Galvin	3,870	6,983	1	3	245
Michael Reese Hospital	Chicago	J. Bolgla	8,893	3,956	2	4	125
Mount Sinai Hospital [1-3]	Chicago	R. Weyl	5,813	5,296	3	6	125
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-3]	Chicago	M. Karp	10,965	9,737	2	4	100
St. Luke's Hospital [1-3]	Chicago	P. W. Searles	5,629	4,581	5	9	125
University of Chicago Clinics [1-3]	Chicago	E. T. Morch	9,704	5,709	4	11	200
University of Illinois Research and Education Hospitals [1-3]	Chicago	M. S. Sadove	6,992	3,751	5	12	125
Evanston Hospital [1-3]	Evanston, Ill.	C. A. Baldwin, Jr.	4,787	1,318	1	2	225
Veterans Admin. Hospital [1]	Hines, Ill.	M. Sadove	12,704	1,992	3	6	...
St. Joseph's Hospital [3]	Joliet, Ill.	L. D. Ruttle	6,724	4,041	2	4	350
Indianapolis General Hospital [1]	Indianapolis	R. E. Vore	5,306	1,749	2	4	205
Indiana University Medical Center [1]	Indianapolis	V. K. Stoelting	10,976	7,994	7	14	165
State University of Iowa Hospitals [1-3]	Iowa City	S. C. Cullen	12,055	7,176	7	14	140
Veterans Admin. Hospital	Des Moines, Ia.	J. L. Bailey	3,148	311	..	..	...
Veterans Admin. Hospital [1-3]	Iowa City	L. DeBacker-S. C. Cullen	1,506	307	..	..	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	P. H. Lorhan	5,454	4,046	3	9	125
Veterans Admin. Hospital	Kansas City, Mo.	H. Hash	2,304	1,080	..	..	...
St. Francis Hospital [1-3]	Wichita, Kan.	R. T. Parmley	14,481	13,085	2	5	275
Louisville General Hospital [1-3-136]	Louisville, Ky.	R. P. Bergner	9,398	6,918	3	7	83
Charity Hospital of Louisiana [1]	New Orleans	J. Adriani	24,000	17,000	6	12	125
Oschsner Foundation Hospital [1]	New Orleans	G. B. Grant	5,498	2,314	3	6	225
Eastern Maine General Hospital [1-3]	Bangor, Maine	C. S. Dwyer	5,581	3,900	2	2	100
Central Maine General Hospital [1]	Lewiston, Maine	G. Clapperton	4,334	3,994	1	1	225
Maine Medical Center [1]	Portland, Maine	J. R. Lincoln	5,481	4,041	2	4	125
Baltimore City Hospital [1-3]	Baltimore	P. Safar	7,322	1,318	3	5	50
University Hospital [1]	Baltimore	M. Helrich	7,258	4,874	6	12	75
Boston City Hospital [1-3]	Boston	P. S. Mareus	18,564	10,104	..	16	162
Lahey Clinic [1-3-107-108]	Boston	U. H. Eversole	6,642	5,307	6	12	200
Massachusetts General Hospital [1-3]	Boston	H. K. Beecher	12,580	5,403	6	14	67
Massachusetts Memorial Hospitals [1-3]	Boston	E. Sneddon	3,739	2,706	2	4	100
New England Center Hospital [1-3]	Boston	B. E. Josten	2,659	1,451	3	7	100
New England Deaconess Hospital [1-3]	Boston	L. V. Hand-F. J. Audin	5,014	2,761	3	7	200
New England Hospital [1-3]	Boston	E. E. Bartlett	3,233	2,813	2	2	75
Peter Bent Brigham Hospital [1-3]	Boston	L. D. Vandam	3,521	2,108	..	2	100
St. Elizabeth's Hospital [1-3]	Boston	L. Zentgraf	12,926	3,822	2	2	125
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	D. L. Muhler	4,861	1,659	1	2	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. C. Callahan	3,749	2,420	1	2	160
Mount Auburn Hospital [1-3]	Cambridge, Mass.	J. H. Buskirk	5,146	3,571	1	4	150
Springfield Hospital [1-3]	Springfield, Mass.	H. L. Strachan	7,130	2,678	1	2	125
St. Vincent Hospital [1-3]	Worcester, Mass.	W. J. Martin, Jr.	7,770	3,571	2	4	...
Worcester City Hospital [1-3]	Worcester, Mass.	A. Haddad	5,809	1,815	2	2	215
University Hospital [1-3-139]	Ann Arbor, Mich.	R. B. Sweet	9,646	3,576	4	8	154
Harper Hospital [1-3]	Detroit	A. B. Stearns	15,287	5,028	1	2	225
Henry Ford Hospital [1-3]	Detroit	P. R. Dumke	16,785	6,991	4	8	225
Providence Hospital [1]	Detroit	N. M. Bittrich	6,665	2,789	2	4	275
Receiving Hospital [1-3]	Detroit	F. Greifenstein	9,240	2,520	7	16	289
Sinai Hospital [1-3]	Detroit	E. M. Brown	6,933	3,460	1	2	275
Butterworth Hospital [1-3]	Grand Rapids, Mich.	M. L. Byrd	11,060	10,776	1	2	300
University of Minnesota Hospitals [1-3-207]	Minneapolis	F. H. Van Bergen	18,676	12,101	12	28	185
Mayo Foundation [1-3]	Rochester, Minn.	A. Faulcomer, Jr.	30,000	29,000	5	18	175
University Hospital [1]	Jackson, Miss.		2,320	2,000	2	4	250
Barnes Hospital [1-3]	St. Louis	R. B. Dodd	18,432	16,389	4	8	150
St. John's Hospital [1-3]	St. Louis	S. Brown	8,334	6,171	1	2	200
Veterans Admin. Hospital [1-3]	St. Louis	H. W. Crouch	3,706	1,191	2	4	...
University of Nebraska Hospital [1-3]	Omaha	J. L. Barmore	2,384	1,028	2	2	175
Mary Hitchock Memorial Hospital [1-3]	Hanover, N. H.	R. H. Barrett	5,803	2,666	2	4	218
Hackensack Hospital [1-3]	Hackensack, N. J.	L. W. Netz	8,824	7,511	1	2	150
Jersey City Medical Center [1-3]	Jersey City, N. J.	W. J. Gleeson	5,078	2,257	3	6	108
St. Joseph Hospital [1-3]	Paterson, N. J.	E. T. Lawless	6,342	5,151	2	4	150

Numerical and other references will be found on pages 556 through 559.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First-Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend ($/Month)
Albany Hospital [1-3]	Albany, N. Y.	C. M. Landmesser	7,987	5,473	4	9	160
Beth-El Hospital [1-3]	Brooklyn, N. Y.	A. C. Goldfeder	6,918	2,190	2	3	125
Jewish Hospital [1-3]	Brooklyn, N. Y.	I. Pallin	7,698	4,447	5	8	100
Kings County Hospital Center	Brooklyn, N. Y.	M. Harmel	9,038	7,530	6	12	104
Maimonides Hospital [1-3]	Brooklyn, N. Y.	L. Holzmann	9,291	5,508	2	3	75
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	F. P. Ansbro	3,780	2,299	1	3	125
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	H. I. Lipson	2,641	1,090	2	2	...
Buffalo General Hospital [1-3-230]	Buffalo	R. N. Terry	14,476	531	2	4	175
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	R. D. King	5,150	3,051	2	5	248
Millard Fillmore Hospital [1-3]	Buffalo	E. D. Babbage	11,272	1,410	1	1	285
Veterans Admin. Hospital [1-3]	Buffalo	S. I. Guest	3,146	392	2	4	...
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	E. Apodi	7,921	6,982	1	2	175
Long Island Jewish Hospital [1-3]	New Hyde Park, N. Y.	S. N. Surks	5,551	4,052	2	4	75
Bellevue Hospital Center Div. IV-New York University Post-Graduate Medical School [209]	New York City	E. A. Rovenstine	12,750	6,292	10	18	105
Beth Israel Hospital [1-3]	New York City	S. G. Hershey	3,996	2,575	4	5	140
Bronx Municipal Hospital Center [1-3]	New York City	L. R. Orkin	6,388	5,706	8	16	105
Hospital for Joint Diseases [1-3]	New York City	A. M. Betcher	3,337	2,635	2	3	80
Lenox Hill Hospital [1-3]	New York City	G. Rich	6,696	2,457	2	3	180
Memorial Center for Cancer and Allied Diseases	New York City	W. S. Howland	7,383	3,273	2	9	200
James Ewing Hospital [1-3]			.....	.....	..	..	...
Memorial Hospital [1-3]			.....	.....	..	..	...
Montefiore Hospital [1-3]	New York City	E. Kepes	3,208	2,165	5	6	187
Mount Sinai Hospital [1-3]	New York City	M. H. Adelman	11,219	6,848	4	7	75
New York Medical College—Metropolitan Medical Center			.....	.....	..	..	...
Flower and Fifth Avenue Hospitals	New York City	F. E. Fierro	4,840	3,397	4	8	104
Metropolitan Hospital [1-3]	New York City		7,227	2,306	1	3	...
New York Hospital [1-3]	New York City	J. F. Artusio	16,325	11,395	5	10	164
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. Milowsky	5,952	3,728	4	8	125
Presbyterian Hospital [1]	New York City	E. M. Papper	23,558	18,148	11	26	250
St. Clare's Hospital [1-3]	New York City	G. A. Keating	3,329	1,418	1	2	200
St. Luke's Hospital	New York City	G. E. Burford	6,031	2,647	3	6	100
St. Vincent's Hospital [1-3]	New York City	V. J. Collins	5,937	3,752	4	8	125
Veterans Admin. Hospital [1-3]	New York City (Bronx)	A. J. Ciliberti	5,057	1,272	4	9	...
Genesee Hospital [1-3]	Rochester, N. Y.	E. Kistler	6,622	4,964	1	2	240
St. Mary's Hospital [1-3]	Rochester, N. Y.	M. Weingarten	10,180	2,800	2	4	200
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	V. Thomas	8,475	7,332	4	5	117
Ellis Hospital [1-3]	Schenectady, N. Y.	H. A. Snell	7,328	5,309	1	2	150
St. Joseph's Hospital [1-3]	Syracuse, N. Y.	C. J. Geiger	10,832	4,210	1	1	191
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	E. J. Dehnonico	7,034	5,440	2	6	233
Grasslands Hospital [1-3]	Valhalla, N. Y.	H. F. Bishop	1,978	791	1	3	175
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	D. A. Davis	2,991	2,285	3	7	156
Duke University Hospital [1-3]	Durham, N. C.	C. R. Stephen	11,661	8,076	6	12	160
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. M. Wall	6,604	3,611	1	1	125
Mercy Hospital [1-3]	Canton, Ohio	L. L. Frick	6,473	2,780	4	8	200
Christ Hospital [1]	Cincinnati	E. Hartenian	10,710	2,067	1	2	200
City Hospital [1-2]	Cleveland	H. E. Kretchmer	8,661	3,720	2	4	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	D. E. Hale	11,437	7,936	4	8	175
Fairview Park Hospital [1-3]	Cleveland	J. E. Walkowiak	6,696	4,816	2	4	200
Huron Road Hospital [1-3]	Cleveland	J. K. Potter	9,184	4,727	5	10	150
Mount Sinai Hospital [1-3]	Cleveland	S. Katz	11,093	5,993	2	4	215
St. Alexis Hospital [1-3]	Cleveland	M. Oppenheim	6,208	3,694	1	1	250
St. Luke's Hospital [1-3]	Cleveland	B. B. Sankey	13,466	6,296	2	4	200
University Hospitals [1-3]	Cleveland	R. A. Hingson	16,359	8,180	5	10	125
Ohio State University Hospitals University Hospital [1-3-312-316]	Columbus, Ohio	J. J. Jacoby	13,798	8,178	10	21	177
Marymount Hospital [1-3]	Garfield Heights, Ohio	N. G. De Piero	5,114	3,235	2	4	200
Youngstown Hospital [1-3]	Youngstown, Ohio	D. W. Metcalf	16,401	12,834	4	8	175
University of Oklahoma Hospitals [1-3]	Oklahoma City	J. M. White	6,777	5,692	4	8	...
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	F. Haugen	5,404	2,828	4	7	100
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	J. M. Schwab	5,090	1,841	2	4	175
Conemaugh Valley Memorial Hospital [1-3]	Johnstown, Pa.	P. C. Lund	7,845	2,704	2	4	300
Albert Einstein Medical Center [1-3]	Philadelphia	M. L. Bernstine-B. Goldstein	14,281	11,934	5	14	200
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. H. Stone	6,740	6,000	5	6	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	A. J. Catenacci	7,721	2,207	4	8	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Dripps	15,150	6,775	7	21	150
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	H. H. Stone	3,797	3,202	1	2	...
Jefferson Medical College Hospital [1-3]	Philadelphia	L. J. Hampton	12,768	8,246	1	3	125
Pennsylvania Hospital [1-3]	Philadelphia	M. V. Troncelliti	9,722	5,733	2	2	100
Philadelphia General Hospital [1]	Philadelphia	E. Conner	6,139	3,248	3	6	121
Presbyterian Hospital [1-3]	Philadelphia	S. Shotz	5,019	4,289	2	4	150
Temple University Hospital [1-3]	Philadelphia	L. W. Klumperman	12,811	6,229	3	9	...
Allegheny General Hospital [1]	Pittsburgh	R. L. Patterson	13,495	11,716	3	6	200
Mercy Hospital [1-3]	Pittsburgh	F. F. Foldes	12,783	6,863	4	10	235
Montefiore Hospital [1-3]	Pittsburgh	L. G. David	6,479	4,122	1	2	225
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	G. J. Thomas	9,447	2,888	2	4	200
Reading Hospital [1-3]	Reading, Pa.	M. Kerry	6,655	3,430	2	4	225
Robert Packer Hospital [1-3]	Sayre, Pa.	W. Brehm	7,010	4,085	2	4	200
Miriam Hospital [1-3]	Providence, R. I.	N. S. Rakatansky	3,693	1,246	1	1	250
Rhode Island Hospital [1-3-341]	Providence, R. I.	M. Saklad	8,386	4,706	2	4	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	J. M. Brown-J. C. Doerr	6,569	2,719	3	6	137
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	G. E. Cox	6,476	3,719	4	6	225
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	B. H. Robbins	5,561	3,703	2	4	50
Baylor University Hospital [1-3]	Dallas, Texas	R. Courtin	21,463	19,290	1	2	160
Parkland Memorial Hospital [1-3]	Dallas, Texas	M. T. Jenkins	4,128	2,482	7	14	225
Harris Hospital [1-3]	Fort Worth, Texas	A. N. Heinrichs	11,520	10,551	2	2	300
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. Allen	7,445	6,253	5	12	160
Baylor University College of Medicine Affiliated Hospitals Jefferson Davis Hospital [1-3]	Houston, Texas	A. S. Keats	7,667	3,479	4	6	75
Methodist Hospital [1-3]	Houston, Texas	P. H. Chalmers	7,928	6,033	4	6	100
Veterans Admin. Hospital [1-3]	Houston, Texas	W. H. Mannheimer	4,631	1,104	4	6	...
Hermann Hospital [1-3]	Houston, Texas	L. F. Schuhmacher	17,243	5,027	3	6	100
St. Joseph's Hospital [1]	Houston, Texas	E. A. Hoeflich	13,494	10,563	1	1	220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-2-358]	Houston, Texas	W. S. Derrick	3,657	2,331	4	8	150
Scott and White Memorial Hospitals [1-3]	Temple, Texas	C. H. Gillespie	5,957	4,192	2	4	300

Numerical and other references will be found on pages 556 through 559.

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2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
University of Utah Affiliated Hospitals [1-2-289]	Salt Lake City	C. M. Ballinger	7,497	4,488	4	10	225
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital [1-2]	Burlington, Vt.	E. Mills	2,463	1,231	1	3	100
Mary Fletcher Hospital [1-2]	Burlington, Vt.	J. Abajian, Jr.	3,507	1,753	4	7	167
Veterans Admin. Hospital [1-2]	White River Jct., Vt.	R. E. Lapolate	1,405	485	1	2	...
University of Virginia Hospital	Charlottesville, Va.	D. E. Eastwood	3,316	4,592	2	4	50
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	W. E. Pembleton	10,381	5,179	..	5	200
Veterans Admin. Hospital [1-2]	Richmond, Va.	C. G. Lynch	3,791	872	1	2	...
Doctor's Hospital [1-2]	Seattle	L. F. Turnbull	5,205	3,119	1	2	250
University of Washington Affiliated Hospitals							
Children's Orthopedic Hospital [1-2]	Seattle	K. Eather	3,374	1,352	..	..	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	L. E. Morris	2,984	2,115	4	6	125
Veterans Admin. Hospital [1-2]	Seattle	J. W. Bell	1,033	346	1	2	...
Virginia Mason Hospital [1-2]	Seattle	D. C. Moore	6,315	2,631	3	6	175
Tacoma General Hospital [1-2]	Tacoma, Wash.	J. J. Bonica	5,528	2,762	3	6	200
Ohio Valley General Hospital [1-2]	Wheeling, W. Va.	D. E. Greenelteh	6,403	3,541	3	6	300
University Hospitals [1-2]	Madison, Wis.	O. S. Orth	5,881	5,015	6	14	160
Veterans Admin. Hospital [1-2]	Milwaukee, (Wood) Wis.	S. W. Gorens	3,701	1,614	3	5	...
San Juan City Hospital [1-2]	San Juan, P. R.	F. Gonzalez	3,337	1,807	2	4	300

3. AVIATION MEDICINE

The programs in Aviation Medicine which have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, page 534.

4. CARDIOVASCULAR DISEASES

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Cardiovascular Diseases of the American Board of Internal Medicine.

Hospitals, 50; Assistant Residencies and Residencies, 117

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	T. Inmon	758	29	1	1	...
Fitzsimons Army Hospital [1]	Denver	B. E. Pollock	447	8	1	1	...
Army Medical Center [1-2]	Washington, D. C.	T. W. Mattingly	476	34	2	2	...
Brooke Army Hospital [1-2]	San Antonio, Texas	W. J. Walker	962	37	2	2	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Bethesda, Md.	R. J. Pearson	697	..	1	1	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-2]	Washington, D. C.	J. B. Johnson	416	32	1	2	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	E. Temkin	791	61	..	1	...
Veterans Admin. Hospital	Los Angeles	M. L. Pearce	977	96	..	3	...
University of California Hospital [1-2]	San Francisco	H. D. Brainerd	Incl. in Int. Med.		..	..	210
Veterans Admin. Hospital [1-2]	West Haven, Conn.	M. Calabresi	292	20	..	1	...
George Washington University Hospital [1-2]	Washington, D. C.	J. M. Evans	460	32	1	3	150
Jackson Memorial Hospital [1-2]	Miami, Fla.	R. J. Boucek	...	..	2	8	...
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	S. Claiborne	703	52	..	1	275
Children's Memorial Hospital [1-2]	Chicago	R. A. Miller	301	40	2	2	...
Michael Reese Hospital	Chicago	L. N. Katz	920	43	5	10	...
Mount Sinai Hospital [1-2]	Chicago	A. A. Luisada	672	19	1	1	125
Indianapolis General Hospital [1]	Indianapolis	K. G. Kohlstaedt	345	38	1	1	300
St. Vincent's Hospital [1-2]	Indianapolis	A. B. Richter	431	24	1	1	417
University of Kansas Medical Center [1-2]	Kansas City, Kan.	E. G. Dimond	406	30	2	2	125
Beth Israel Hospital [1-2]	Boston	H. L. Blumgart	Incl. in Int. Med.		2	2	58
Peter Bent Brigham Hospital [1-2]	Boston	G. W. Thorn	Incl. in Int. Med.		..	8	...
Henry Ford Hospital [1-2]	Detroit	J. W. Keyes	1,963	86	3	3	225
Mayo Foundation [1-2]	Rochester, Minn.	R. D. Pruitt	Incl. in Int. Med.		..	..	175
University of Nebraska Hospital	Omaha	R. L. Grissom	300	22	1	1	200
Buffalo General Hospital [1-2-289]	Buffalo	E. J. Lippschutz	Incl. in Int. Med.		1	1	200
Irvington House	Irvington, N. Y.	A. C. De Graff-H. F. Wood	271	..	..	3	250
Lenox Hill Hospital [1-2]	New York City	C. E. Kossmann	Incl. in Int. Med.		1	1	180
Memorial Center for Cancer and Allied Diseases		J. La Due	425	..	..	1	300
James Ewing Hospital [1-2]	New York City		...	..	..	..	...
Memorial Hospital [1-2]	New York City		...	..	..	..	...
Mount Sinai Hospital [1-2]	New York City	C. K. Friedberg	546	36	2	6	75
St. Luke's Hospital	New York City	G. J. Coffin	Incl. in Int. Med.		2	2	125
St. Francis Hospital and Sanatorium [1-2]	Roslyn, N. Y.	W. J. Noble	341	7	5	5	250
Duke University Hospital [1-2]	Durham, N. C.	E. S. Orgain	331	13	..	3	300
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-2]	Cincinnati		Incl. in Int. Med.		..	..	...
St. Mary's Hospital [1-2]	Cincinnati	R. J. Anzinger	525	45	1	1	300
Cleveland Clinic Hospital [1-2]	Cleveland	A. C. Ernstene	1,516	82	..	6	250
University Hospitals [1-2]	Cleveland	W. Pritchard	Incl. in Int. Med.		..	2	183
Ohio State University Hospitals							
University Hospital [1-2]	Columbus, Ohio	R. W. Kissane	Incl. in Int. Med.		..	1	252
White Cross Hospital [1-2]	Columbus, Ohio	R. W. Kissane	390	27	1	1	280
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	S. Bellet	199	3	2	2	...
Pennsylvania Hospital [1-2]	Philadelphia	J. R. Vander Veer	Incl. in Int. Med.		2	2	30
Philadelphia General Hospital [1-2]	Philadelphia	S. Bellet	Incl. in Int. Med.		5	8	121
Temple University Hospital [1-2]	Philadelphia	L. A. Soloff	Incl. in Int. Med.		3	3	...
Veterans Admin. Hospital [1-2]	Philadelphia	B. H. Pastor	692	92	..	1	...
Health Center Hospitals of the University of Pittsburgh School of Medicine [1-2]	Pittsburgh	J. D. Myers	556	42	2	2	175
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	A. P. D'Zmura	624	42	..	1	250
Rhode Island Hospital [1-2]	Providence, R. I.	F. B. Cutts	6,432	..	1	1	150
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	G. R. Herrmann	Incl. in Int. Med.		1	3	160
Veterans Admin. Hospital [1-2]	Richmond, Va.	W. T. Thompson, Jr.	1,064	92	..	2	...
University Hospitals [1-2]	Madison, Wis.	C. W. Crumpton	Incl. in Int. Med.		2	2	300

Numerical and other references will be found on pages 556 through 559.

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty.

Hospitals, 74; Assistant Residencies and Residencies, 298.

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	R. Williams	193	12,231	2	4	3	...
Army Medical Center [1-3]	Washington, D. C.	R. S. Higdon	293	17,761	4	12	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	G. Prazak	203	13,856	3	9	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	San Diego, Calif.	W. N. New	418	16,160	3	6	3	...
U. S. Naval Hospital [1]	Philadelphia	J. H. Lockwood	168	6,651	2	4	2	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3-292]	Stapleton, S. I., N. Y.	B. J. Chester	482	7,593	1	3	3	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center								
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	R. O. Noojin	81	2,182	1	4	3	108
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	P. G. Reque	56	4,738	1	1	1	225
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	S. W. Becker	388	3,895	1	3	3	...
Los Angeles County Hospital [1]	Los Angeles	M. Obermeyer	650	7	1	3	3	246
University of California Hospital [1-3]	Los Angeles	J. S. Lawrence	21	3,109	..	3	3	...
Veterans Admin. Hospital [1-3]	Los Angeles	E. T. Wright	781	19,671	4	7	3	...
White Memorial Hospital [1-3]	Los Angeles	M. Couperus	17	4,722	1	2	2	150
Stanford University Hospitals [1-3]	San Francisco	E. M. Farber	116	7,723	2	4	3	80
University of California Hospital [1-3]	San Francisco	R. B. Rees	51	7,154	1	4	3	210
University of Colorado Medical Center								
Colorado General Hospital [1-3]	Denver	O. S. Philpott	10	3,449	1	1	3	180
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	A. B. Lerner	192	4,042	1	1	2	50
Jackson Memorial Hospital [1-3]	Miami, Fla.	H. Blank	36	3,086	1	4	3	...
Cook County Hospital [1-3]	Chicago	S. M. Bluefarb	759	10,610	1	3	3	100
Northwestern University Medical Center [1-3]	Chicago	H. Rattner	...	6,155	2	6	3	...
University of Chicago Clinics [1-3]	Chicago	S. Rothman	164	8,213	3	9	3	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	M. R. Caro	68	11,883	1	2	3	125
Veterans Admin. Hospital [1]	Hines, Ill.	A. Rostenberg	649	.....	2	2	1	...
Indianapolis General Hospital [1]	Indianapolis	J. E. Dalton	40	6,087	1	3	3	205
State University of Iowa Hospitals [1-3]	Iowa City	R. Nomland	346	4,333	1	3	3	140
Charity Hospital of Louisiana	New Orleans	V. M. Hennington-C. B. Kennedy-J. W. Burks, Jr.	481	28,090	4	11	3	100
University Hospital [1-3]	Baltimore	H. M. Robinson, Jr.	14	.....	1	5	3	75
Veterans Admin. Hospital [1-3-137]	Fort Howard, Md.	M. Sullivan	79	2	3	3	3	...
Boston City Hospital [1-3]	Boston	B. Appel	80	15,980	1	3	3	112
Massachusetts General Hospital [1-3]	Boston	C. N. Frazier	218	11,480	1	2	3	67
Massachusetts Memorial Hospitals [1-3]	Boston	H. Mescon	...	4,679	2	7	2	100
University Hospital [1-3-139]	Ann Arbor, Mich.	A. C. Curtis	705	7,470	4	12	3	154
Henry Ford Hospital [1-3]	Detroit	C. S. Livingood	402	31,466	4	12	3	225
Receiving Hospital [1-3]	Detroit	L. Shaffer	3	7,033	2	8	3	210
Minneapolis General Hospital [1-3]	Minneapolis	C. W. Laymon	235	4,900	1	2	3	209
University of Minnesota Hospitals [1-3-298]	Minneapolis	P. W. Lynch	142	3,214	..	2	3	185
Veterans Admin. Hospital [1-3]	Minneapolis	H. E. Michelson	190	114	..	2	3	...
Mayo Foundation [1-3]	Rochester, Minn.	L. A. Brunsting	674	25,286	6	18	3	175
Ancker Hospital [1-3]	St. Paul	F. W. Lynch	155	3,398	1	1	3	185
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	W. C. Lobitz, Jr.	177	5,000	1	3	3	218
Kings County Hospital								
Division I [1-3]	Brooklyn, N. Y.	C. T. Chiaramonte	356	10,646	1	2	1	155
Edward J. Meyer Memorial Hospital [1-3-249]	Buffalo	E. D. Osborne	118	4,268	1	3	3	248
Bellevue Hospital Center								
Div. IV—New York University Post-Graduate Medical School [204]	New York City	M. Sulzberger	373	19,870	3	7	3	71
Mount Sinai Hospital [1-3]	New York City	S. M. Peck	42	8,193	1	2	2	75
New York Hospital [1-3]	New York City	G. Lewis	...	10,042	1	1	3	164
New York Polyclinic Medical School and Hospital [1-3]	New York City	A. C. Cipollaro	28	9,568	1	3	3	125
New York University-Bellevue Medical Center								
University Hospital (Skin and Cancer)	New York City	M. Sulzberger [2]	174	76,589	2	6	3	55
Presbyterian Hospital [1]	New York City	C. T. Nelson	117	37,066	2	4	3	250
St. Luke's Hospital	New York City	L. P. Barker	41	8,440	1	1	3	100
Veterans Admin. Hospital [1-3]	New York City (Bronx)	H. Shatin	540	2,672	1	3	3	...
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	P. Michaelides	268	1	4	4	3	...
Duke University Hospital [1-3]	Durham, N. C.	J. L. Calloway	180	6,101	1	3	3	102
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-3]	Cincinnati	L. Goldman	231	4,813	3	7	3	100
City Hospital [1-3]	Cleveland	R. R. Rauschkolb	187	6,810	1	3	3	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	J. R. Haserick	280	16,251	1	5	3	175
University Hospitals [1-3]	Cleveland	R. Stoughton	81	4,086	1	2	3	125
University of Oklahoma Hospitals [1-3]	Oklahoma City	J. H. Lamb	25	1,959	1	1	3	...
Univ. of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	T. B. Fitzpatrick	196	5,463	1	3	3	100
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	R. F. Dickey	67	9,962	1	2	3	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. Beerman	40	3,714	2	3	3	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	.....	...	.....	..	..	1	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	D. Pillsbury	118	6,199	4	12	3	...
Jefferson Medical College Hospital [1-3]	Philadelphia	H. B. Decker	9	5,016	1	1	2	100
Pennsylvania Hospital [1-3]	Philadelphia	H. Beerman	...	3,802	1	1	1	20
Philadelphia General Hospital [1]	Philadelphia	C. Burgoon	176	3,935	1	2	1	121
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	J. F. Mullins	109	5,837	2	6	3	160
Baylor University College of Medicine Affiliated Hospitals		.....	...	.....	..	..	3	...
Jefferson Davis Hospital [1-3]	Houston, Texas	E. R. Seale	15	4,030	1	3	..	74
Methodist Hospital [1-3]	Houston, Texas	M. G. Bloom	6	.....	..	..	..	100
Texas Children's Hospital [1-3]	Houston, Texas	E. R. Seale	18	1,385	..	..	..	...
Veterans Admin. Hospital [1-3]	Houston, Texas	J. M. Knox	...	.....	1	3	..	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. P. Cawley	206	8,706	2	6	3	50
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	A. Pepple	5	5,509	..	1	1	125
University Hospitals [1-3]	Madison, Wis.	S. A. M. Johnson	150	4,776	1	1	1	100
Veterans Admin. Hospital [1-3-382]	Milwaukee, (Wood), Wis.	H. R. Foerster	266	6,458	1	3	3	...

Numerical and other references will be found on pages 556 through 559.

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6. GASTROENTEROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Gastroenterology of the American Board of Internal Medicine.

Hospitals, 33; Assistant Residencies and Residencies, 68

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-8]	San Francisco	E. Kehoe	500	10	1	1	...
Army Medical Center [1-8]	Washington, D. C.	B. H. Sullivan, Jr.	304	10	1	1	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-8]	Long Beach, Calif.	S. J. Stempien	754	47	..	1	...
Veterans Admin. Hospital [1-8]	Los Angeles	M. I. Grossman	971	50	1	1	...
University of California Hospital [1-8]	San Francisco	T. L. Althausen	Incl. in Int. Med.		½	½	210
Veterans Admin. Hospital [1-8-33]	West Haven, Conn.	S. Selesnick	305	19	..	½½	...
Cook County Hospital [1-8]	Chicago	F. Steigmann	2,200	180	½	½½	100
Veterans Admin. Research Hospital [1]	Chicago	J. Swartz	187	2	..	1	...
University of Kansas Medical Center [1-8]	Kansas City, Kan.	A. Klotz	30	1	½	½	125
Ochsner Foundation Hospital [1]	New Orleans	W. B. Davis	191	4	..	1	300
Touro Infirmary [1]	New Orleans	M. Kaplan	654	3	1	½	125
Beth Israel Hospital [1-8]	Boston	L. Zetzel	Incl. in Int. Med.		..	1	300
Labey Clinic [1-8-167]	Boston	S. M. Jordinn	3,468	8	8	8	200
Massachusetts Memorial Hospitals [1-8]	Boston	F. Ingelfinger	Incl. in Int. Med.		..	4	...
Henry Ford Hospital [1-8]	Detroit	J. G. Mateer	1,323	26	6	6	225
Mayo Foundation [1-8]	Rochester, Minn.	J. A. Bargen	Incl. in Int. Med.		..	..	175
Jewish Hospital [1-8]	Brooklyn, N. Y.	M. J. Matzner	500	22	1	1	100
Mount Sinai Hospital [1-8]	New York City	H. D. Janowitz	1,403	21	..	6	75
New York Polyclinic Medical School and Hospital [1-8]	New York City	S. Weiss	118	4	1	1	125
Duke University Hospital [1-8]	Durham, N. C.	J. M. Ruffin	332	..	..	3	250
North Carolina Baptist Hospital [1-8]	Winston-Salem, N. C.	D. Cayer	Incl. in Int. Med.		1	½	125
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-8]	Cincinnati		...	..	..	..	...
Cleveland Clinic Hospital [1-8]	Cleveland	E. N. Collins	487	17	..	1	200
Veterans Admin. Hospital [1-8]	Cleveland	H. P. Roth	685	32	1	1	...
Ohio State University Hospitals							
University Hospital [1-8]	Columbus, Ohio	C. J. De Lor	403	9	..	1	252
Veterans Admin. Hospital [1-8]	Portland, Ore.	L. W. Ritzmann	448	5	..	1	...
Graduate Hospital of The University of Pennsylvania [1-8]	Philadelphia	H. L. Bockus	858	24	½	½	150
Hospital of The University of Pennsylvania [1-8]	Philadelphia	T. Machella	Incl. in Int. Med.		½	½	...
Jefferson Medical College Hospital [1-8]	Philadelphia	J. E. Deitrick	Incl. in Int. Med.		..	½	100
Temple University Hospital [1-8]	Philadelphia	H. Shay	Incl. in Int. Med.		..	½	...
Veterans Admin. Hospital [1-8]	Memphis, Tenn.	M. L. Gompertz	1,249	24	..	1	...
Veterans Admin. Hospital [1-8]	Richmond, Va.	W. T. Thompson, Jr.	864	16	..	½	...
Veterans Admin. Hospital [1-8]	Milwaukee (Wood), Wis.	J. J. Levin	867	34	1	1	...

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in the specialty.

Hospitals, 188; Assistant Residencies and Residencies, 765

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE								
U. S. Air Force Hospital	Montgomery, Ala.	J. A. Jarman	8,038	58	½	3	½	...
U. S. Air Force Hospital	San Antonio, Texas	P. G. Kell	9,916	39	½	4	½½	...
UNITED STATES ARMY								
Ireland Army Hospital	Fort Knox, Ky.	D. L. Deutsch	12,728	53	8	16	2	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	San Diego, Calif.	M. M. Rubin	.....	..	2	4	2	...
U. S. Naval Hospital [1]	Chelsea, Mass.	H. L. Jones, Jr.	.....	..	1	½	½½	...
U. S. Naval Hospital [1-8]	Portsmouth, Va.	G. G. Burkley	Incl. in Int. Med.		1	½	1	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital	Norfolk, Va.		.....	..	..	..	2	...
NONFEDERAL AND VETERANS ADMINISTRATION								
Carraway Methodist Hospital [1-8]	Birmingham, Ala.	C. W. Neville	6,921	61	1	1	½	250
Good Samaritan Hospital [1]	Phoenix, Ariz.	L. M. Dugres	7,943	83	1	2	½	250
Maricopa County General Hospital [1-8]	Phoenix, Ariz.	D. H. Victor	.....	...	6	6	½	250
St. Mary's Hospital and Sanatorium [1-8]	Tucson, Ariz.	A. B. Thompson	5,213	32	½	½	½½	200
St. Michael's Hospital [1-8]	Texarkana, Ark.	C. C. Stuart	6,808	28	1	½	½½	250
General Hospital of Riverside County [1]	Arlington, Calif.	.....	2,863	40	5	5	1	444
Kern County General Hospital [1]	Bakersfield, Calif.	J. L. Forney	.....	...	4	4	½	225
St. Mary's Long Beach Hospital [1-8]	Long Beach, Calif.	F. L. Bowton	16,516	113	½	4	½	300
Los Angeles County Hospital [1]	Los Angeles	W. D. Evans-L. Rosoff	.....	...	½	3	½½	246
Contra Costa County Hospital [1-8]	Martinez, Calif.	H. B. Flanders	.....	...	10	10	½½	470
Kaiser Foundation Hospital [1-8]	Oakland, Calif.	H. S. Holmboe	.....	...	4	4	½	265
Sacramento County Hospital [1]	Sacramento, Calif.	D. Ernest	13,877	523	8	12	½½	300
Monterey County Hospital [1]	Salinas, Calif.	W. A. Cassidy	3,306	160	7	7	½½	500
Sonoma County Hospital [1-8]	Santa Rosa, Calif.	H. D. Stailey	3,830	111	9	9	½½	425
Tulare County General Hospital [1]	Tulare, Calif.	G. D. Lavers	3,387	117	7	7	½½	400
Glockner-Penrose Hospital [1-8]	Colorado Springs, Colo.	M. Berthroug	6,149	116	½	4	½½	200
St. Francis Hospital [1-8]	Colorado Springs, Colo.	R. W. Urich	5,919	70	½	½	1	210
University of Colorado Medical Center		.....	...	8	22	..	..	180
Colorado General Hospital [1-8]	Denver	C. W. Eisele	.....	...	..	..	½½	...
Denver General Hospital [1-8]	Denver	.....	.....	...	..	..	½½	...
Bridgeport Hospital	Bridgeport, Conn.	.....	.....	...	..	..	½½	...
Greenwich Hospital [1-8]	Greenwich, Conn.	G. Carter	7,823	132	1	1	1	150
Charlotte Hungerford Hospital	Torrington, Conn.	M. E. Globbe	.....	...	½	½	½	100
Wilmington General Hospital [1-8]	Wilmington, Del.	F. S. Skura	7,286	76	4	6	1	200
Eastern Dispensary and Casualty Hospital [8]	Washington, D. C.	J. R. Young	4,744	27	9	9	½½	300
Halifax District Hospital [1-8]	Daytona Beach, Fla.	F. A. Sica	7,593	112	..	4	½½	320
Baptist Memorial Hospital [1-8]	Jacksonville, Fla.	A. M. Manson	10,432	78	½	½	½½	325
St. Luke's Hospital [1-8]	Jacksonville, Fla.	E. E. Leitner	Incl. in Int. Med.		½	½	½½	300
St. Vincent's Hospital [1-8]	Jacksonville, Fla.	L. M. Wachtel	.....	...	½	4	½½	225
Baptist Hospital [1-8]	Pensacola, Fla.	J. R. Emlet	.....	...	½	4	½½	200
Sacred Heart Hospital [1-8]	Pensacola, Fla.	A. H. Northrup	.....	...	3	3	½½	200
Mound Park Hospital [1-8]	St. Petersburg, Fla.	H. R. Cushman	1,327	45	1	½	½½	200
Grady Memorial Hospital [1-8]	Atlanta, Ga.	I. A. Ferguson	.....	...	8	8	½½	100

Numerical and other references will be found on pages 556 through 559.

7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Medical Center [1-3]	Columbus, Ga.	E. B. Horn	10,573	135	4	4	1	250
Macon Hospital [1]	Macon, Ga.	E. C. McMillan	15,168	...	..	8	2	225
St. Joseph's Hospital [1-3]	Alton, Ill.	H. Halley	8,778	115	1	7	1	...
Mac Neal Memorial Hospital [1-3]	Berwyn, Ill.	F. W. Knoch	2,792	80	5	5	1	350
Grant Hospital [1]	Chicago	R. M. Mandel	...	...	1	2	2	225
Illinois Masonic Hospital [1-3]	Chicago	J. Potticha	3,800	47	1	1	2	115
St. Mary of Nazareth Hospital [1-3]	Chicago	S. A. Motto	10,144	113	1	2	2	150
South Shore Hospital [1-3]	Chicago	S. H. Gumbiner	6,899	49	2	2	1	250
Decatur and Macon County Hospital	Decatur, Ill.	A. F. Williams	4,501	57	2	2	1	275
Methodist Hospital of Central Illinois [8]	Peoria, Ill.	H. G. Johnson	2,274	69	3	3	1	200
St. Francis Hospital [1]	Beech Grove, Ind.	G. L. Jones	...	...	4	4	2	500
Methodist Hospital [1-3]	Gary, Ind.	M. Shellhouse	12,382	186	1	2	2	300
St. Margaret Hospital [1-3]	Hammond, Ind.	F. G. Rudolph	14,820	138	2	4	2	300
Methodist Hospital [1]	Indianapolis	D. Hampshire	27,251	239	2	3	2	278
Memorial Hospital	South Bend, Ind.	M. Feldman	12,027	143	2	2	2	300
St. Luke's Methodist Hospital [1-3]	Cedar Rapids, Iowa	R. M. Chapman	13,164	141	6	6	2	250
Broadlawns Polk County Hospital [1]	Des Moines, Iowa	V. L. Schlaser	...	...	2	2	1	200
St. Francis Hospital [1-3]	Wichita, Kan.	L. I. Wright	4,302	38	2	2	1	275
Wesley Hospital [1-3]	Wichita, Kan.	J. Tiller	4,520	24	1	1	2	225
William Booth Memorial Hospital [8]	Covington, Ky.	C. W. Kumpe	818	16	3	6	2	...
St. Anthony Hospital [1-3]	Louisville, Ky.	J. R. Buskirk	8,325	85	1	2	2	250
Lafayette Charity Hospital [1]	Lafayette, La.	E. Hull	2,065	58	16	16	1	375
St. Patrick's Hospital	Lake Charles, La.	L. L. DiGiglia	6,920	...	2	4	2	250
Huey P. Long Charity Hospital	Pineville, La.	J. M. Roberts	8,026	70	11	11	1	325
Bon Secours Hospital [3]	Baltimore	J. J. Geraghty	862	26	1	2	1	200
Doctors Hospital [1-3]	Baltimore	W. Anderson	4,496	28	5	10	2	300
University Hospital [1-3]	Baltimore	T. E. Woodward	Incl. in Int. Med.		2	4	2	75
Suburban Hospital [1-3]	Bethesda, Md.	W. F. Joyce	6,722	134	2	4	2	150
New England Hospital [1-3]	Boston	R. A. Draper	...	...	2	4	2	75
St. Anne's Hospital	Fall River, Mass.	J. C. Corrigan	5,774	42	4	4	2	200
Cooley Dickinson Hospital [1-3]	Northhampton, Mass.	L. N. Durgin	7,345	42	4	4	1	150
Oakwood Hospital [1-3]	Dearborn, Mich.	R. J. Hall	11,736	124	4	8	2	250
Brent General Hospital [1-3]	Detroit	C. Rottenberg	6,826	35	3	6	2	450
Evangelical Deaconess Hospital [1-3]	Detroit	W. P. Curtiss	...	...	2	3	2	...
Henry Ford Hospital [1-3]	Detroit	J. G. Mateer	24,241	602	2	4	2	225
Lynn Hospital [1-3]	Detroit	E. W. Erickson	3,498	28	6	12	2	420
North Detroit General Hospital [1-3]	Detroit	B. L. Leiberman	4,650	27	2	4	2	400
Hurley Hospital [1-3]	Flint, Mich.	L. G. Bateman	...	...	2	4	1	325
McLaren General Hospital [1]	Flint, Mich.	W. W. Bruce	9,115	42	3	3	2	325
St. Joseph Hospital [1-3]	Flint, Mich.	J. Gutow	15,646	223	6	9	2	400
Borgess Hospital [1]	Kalamazoo, Mich.	I. W. Brown	4,553	32	2	4	2	275
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	H. Arnkoff	...	...	4	4	2	325
St. Luke's Hospital [1-3]	Saginaw, Mich.	L. J. Morgrette	7,222	81	2	2	2	450
St. Mary's Hospital	Saginaw, Mich.	T. E. Fleschner	5,423	77	1	2	2	400
Wyandotte General Hospital [1]	Wyandotte, Mich.	R. M. Knox	10,655	86	4	8	2	400
Fairview Hospital [1-3]	Minneapolis	D. Amatuzio	2,502	63	3	3	1	300
Lutheran Deaconess Home and Hospital [1-3]	Minneapolis	L. Beneah	8,312	91	2	3	2	300
Midway Hospital [3]	St. Paul	A. E. Ritt	7,765	83	3	3	1	300
Mississippi Baptist Hospital [1-3]	Jackson, Miss.	R. T. Cates	10,537	96	1	2	2	250
University Hospital [1]	Jackson, Miss.	L. F. Rittelmeyer	7,236	197	1	2	2	250
Mercy Hospital-Street Memorial [1]	Vicksburg, Miss.	T. H. Mitchell	2,507	20	1	2	1	225
Menorah Medical Center [1-3]	Kansas City, Mo.	M. Shapiro	...	...	2	2	2	300
Missouri Methodist Hospital [1]	St. Joseph, Mo.	O. W. D. Craig	4,190	67	2	2	1	225
De Paul Hospital [1-3]	St. Louis	W. A. Spoeneman	...	...	..	..	2	200
Evangelical Deaconess Hospital [1-3]	St. Louis	R. B. Bassett	8,634	98	3	6	2	215
Lutheran Hospital [1-3]	St. Louis	P. M. Parashak	5,413	76	4	4	2	...
St. Anthon, s Hospital [1-3]	St. Louis	O'Sullivan	3,202	...	3	6	2	150
Butte Community Memorial Hospital [1-3]	Butte, Mont.	G. I. Podobnikar	...	...	...	6	2	...
Immanuel Hospital [1-3]	Omaha	C. C. Madsen	6,202	66	1	2	2	450
Hunterdon Medical Center [1-3]	Flemington, N. J.	E. D. Pellegrino	1,339	98	2	2	2	150
Mountainside Hospital [1-3-226]	Montclair, N. J.	S. Perham	...	...	1	2	2	250
Morristown Memorial Hospital [1-3]	Morristown, N. J.	R. Earp	Incl. in Int. Med.		1	2	2	250
Princeton Hospital [1-3]	Princeton, N. J.	B. B. Seasserra	5,906	108	2	4	2	300
Overlook Hospital [3]	Summit, N. J.	L. J. Anson	10,693	...	1	1	1	200
Mercy Hospital [1-3]	Buffalo	C. F. Binns	13,160	188	3	3	1	225
Millard Fillmore Hospital [1-3]	Buffalo	M. Cheplove	1,106	27	2	2	2	285
St. Joseph's Hospital	Far Rockaway, N. Y.	F. Herrman	8,541	52	5	10	1	250
Kingston Hospital [3]	Kingston, N. Y.	H. L. Rakov	5,222	56	2	3	2	300
Our Lady of Victory Hospital [3]	Lackawanna, N. Y.	L. J. Makarewiez	9,268	68	2	2	1	175
Mercy Hospital [1-3]	Cheektowaga, N. Y.	C. W. Robinson	...	...	4	4	2	250
City Memorial Hospital [1-3]	Winston-Salem, N. C.		...	...	1	2	2	300
Akron City Hospital [1-3]	Akron, Ohio	J. A. Campbell	22,368	348	2	4	2	250
Akron General Hospital [1]	Akron, Ohio	H. A. Karam	16,005	205	4	10	3	250
St. Thomas Hospital [1-3]	Akron, Ohio	M. F. Bossart	...	...	2	4	2	250
Barberton Citizens Hospital [1-3]	Barberton, Ohio	A. A. Brown	10,936	101	3	6	2	...
Mercy Hospital [1-3]	Canton, Ohio	J. G. Hendershot	...	32	2	4	2	300
Christ Hospital [1]	Cincinnati	J. L. Lindner	...	...	4	8	2	300
Good Samaritan Hospital [1-3]	Cincinnati	J. D. Marfoni	Incl. in Int. Med.		4	4	2	250
Woman's Hospital [1-3]	Cleveland		7,192	43	4	8	2	175
Mount Carmel Hospital [1]	Columbus, Ohio	J. H. Henry	1,128	49	3	3	1	275
St. Anthony's Hospital [1-3]	Columbus, Ohio	W. F. Mitchell	5,183	78	6	6	2	265
White Cross Hospital [1-3-212]	Columbus, Ohio	W. P. Smith, Jr.	Incl. in Int. Med.		1	1	1	200
Good Samaritan Hospital [1-3]	Dayton, Ohio	R. E. Wahl	13,411	128	2	4	2	250
Miami Valley Hospital [1-3]	Dayton, Ohio	W. C. Madden	...	...	4	4	1	200
Elyria Memorial Hospital	Elyria, Ohio	T. E. Finegan	3,502	40	5	5	2	270
Euclid-Glenville Hospital [1-3]	Euclid, Ohio	J. B. Price	10,001	70	6	10	2	200
Lima Memorial Hospital [1-3]	Lima, Ohio	W. E. Noble	10,797	103	4	5	1	275
St. Rita's Hospital [1-3]	Lima, Ohio	J. A. Glorioso	2,165	48	1	2	2	325
Ohio Valley Hospital [1-3]	Steubenville, Ohio	D. J. Myers	11,194	78	1	2	2	300
Mercy Hospital [1-3]	Toledo, Ohio	H. J. Murphy	1,843	46	1	2	2	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. A. Schnitker	...	...	1	2	2	275
Toledo Hospital [1-3]	Toledo, Ohio	C. S. Mundy	5,238	77	1	3	2	200
Youngstown Hospital [1-3]	Youngstown, Ohio	J. L. Fisher	8,141	152	1	2	2	175
University of Oklahoma Hospitals [1-3-823]	Oklahoma City	Dir. of Postgrad. Ed.	...	...	6	6	2	...
St. Vincent's Hospital [1-3]	Portland, Ore.	G. T. Harpole	14,393	178	1	2	1	275
Altoona Hospital	Altoona, Pa.	R. S. Magee	7,108	61	1	3	2	325
St. Luke's Hospital [1-3]	Bethlehem, Pa.	P. Budura	...	...	1	1	1	275
Bradford Hospital [1-3]	Bradford, Pa.	C. L. Luckett	1,703	28	..	2	2	250
Chester Hospital [1-3]	Chester, Pa.		9,244	270	2	4	2	350
Geo. F. Geistweit Memorial Hospital [1-3]	Danville, Pa.	W. J. Stainsby	...	...	1	2	2	175
Thomas M. Fitzgerald Mercy Hospital [1-3]	Darby, Pa.	D. T. Sullivan	14,498	160	1	1	1	200
St. Joseph's Hospital [1]	Lancaster, Pa.	C. H. Witmer	3,378	84	5	5	2	250
Montgomery Hospital	Norristown, Pa.	S. C. Carfagno	4,556	84	2	2	1	250

Numerical and other references will be found on pages 556 through 559.

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7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [6]	Length of Approved Program (Years)	Beginning Stipend (Month)
Sacred Heart Hospital [1-3-822]	Norristown, Pa.	J. C. McLoone	6,545	75	4	4	1	350
St. Mary's Hospital [1-3]	Philadelphia	J. Daly	.....	...	4	8	2	250
St. Clair Memorial Hospital	Pittsburgh	H. Hartman	4,774	45	2	4	2	300
St. John's General Hospital [1-3]	Pittsburgh	D. B. Wolfe	6,403	99	1	1	1	300
A. C. Milliken Hospital	Pottsville, Pa.	N. M. Wall	6,180	68	3	6	2	400
Community General Hospital [1-3]	Reading, Pa.	C. S. Kring	2,050	60	...	2	2	300
Sharon General Hospital [3]	Sharon, Pa.	E. C. Falk	12,487	85	4	8	2	200
Memorial Hospital [1-3]	Pawtucket, R. I.	E. J. Mara	.....	...	2	4	2	250
Greenville General Hospital [1-3]	Greenville, S. C.	M. G. Howle	6,433	137	2	3	2	250
Spartanburg General Hospital [1]	Spartanburg, S. C.	W. T. Hendrix	18,826	140	3	3	2	200
Sioux Valley Hospital [1-3]	Sioux Falls, S. D.	G. M. Jameson	2,435	31	2	2	2	200
Sacred Heart Hospital [1]	Yankton, S. Dak.	T. Sattler	13,126	56	4	4	2	300
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	J. Raulston	12,482	106	2	2	2	250
Baptist Hospital [1-3]	Nashville, Tenn.	J. P. Lindsay	.....	...	3	3	1	175
All Saints Hospital [1-3]	Fort Worth, Texas	E. Davenport	6,309	48	4	4	1	250
John Peter Smith Hospital [1-3]	Fort Worth, Texas	D. E. Compere	4,752	174	5	5	1	200
St. Mary's Infirmary [1-3]	Galveston, Texas	M. L. Ross	.....	...	10	13	2	200
Memorial Hospital [1-3]	Houston, Texas	B. Walpole	20,219	100	6	12	2	275
San Travis Memorial Hospital [1-3]	Jacksonville, Texas	J. M. Travis	5,381	33	1	2	2	250
Baptist Memorial Hospital [1-3]	San Antonio, Texas	L. B. Jones	9,342	127	1	2	2	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	L. B. Reppert	9,299	209	1	2	1	150
Santa Rosa Hospital [1-3]	San Antonio, Texas	C. McGehee	.....	...	1	2	2	250
Wichita General Hospital [1-3]	Wichita Falls, Texas	J. B. Hathorn	9,744	91	3	3	1	300
St. Benedict's Hospital [1-3]	Ogden, Utah	L. D. Nelson	6,399	76	4	4	1	275
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	R. Johnston	12,168	116	3	5	2	300
University of Vermont Affiliated Hospitals								
De Goesbriand Memorial Hospital [1-3]	Burlington, Vt.	A. B. Lawrence	.....	...	1	2	2	180
Riverside Hospital [1-3]	Newport News, Va.	W. H. Huffstetler	.....	...	4	4	1	250
De Paul Hospital [1-3]	Norfolk, Va.	I. Hancock	.....	...	1	2	2	200
Norfolk Community Hospital	Norfolk, Va.	G. H. Francis	3,343	46	2	4	2	300
Norfolk General Hospital [1-3]	Norfolk, Va.	J. G. Price	.....	...	4	4	1	125
Retreat for the Sick [1-3]	Richmond, Va.	A. A. Houser	733	9	3	3	2	200
Louise Obici Memorial Hospital [1-3]	Suffolk, Va.	P. Thomas	.....	...	3	3	1	300
Providence Hospital [1-3]	Seattle	S. J. Minkove	14,761	183	4	4	1	250
Sacred Heart Hospital [3]	Spokane, Wash.	R. M. O'Brien	26,197	255	4	4	1	250
St. Luke's Hospital [1-3]	Spokane, Wash.	A. T. Perry	2,881	...	2	2	2	225
Bluefield Sanitarium [3]	Bluefield, W. Va.	J. R. S. Franklin	2,191	25	4	4	1	500
Charleston General Hospital [1-3]	Charleston, W. Va.	M. Barber	Incl. in Int. Med.		2	2	2	225
Memorial Hospital [1-3]	Charleston, W. Va.	J. W. Hash	.....	...	1	1	1	250
Camden Clark Memorial Hospital [3]	Parkersburg, W. Va.	W. R. Yeager	5,929	56	1	2	2	200
St. Joseph's Hospital	Parkersburg, W. Va.	J. C. Pryce	8,387	96	1	1	2	300
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	A. J. Niehaus	2,952	33	2	4	2	300
Luther Hospital [1-3]	Eau Claire, Wis.	R. R. Richards	8,449	111	2	2	1	300
Evangelical Deaconess Hospital [1-3]	Milwaukee	M. A. Jochimsen	4,427	42	3	3	2	250
Milwaukee Hospital [1]	Milwaukee	E. R. Daniels	.....	...	1	1	1	245
St. Luke's Hospital [1-3]	Milwaukee	M. Landsberg	6,660	102	1	2	2	275
St. Michael Hospital [1-3]	Milwaukee	A. Verdone	5,013	70	3	4	2	250

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine.

Hospitals, 600; Assistant Residencies and Residencies, 5,342

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [6]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE								
U. S. Air Force Hospital	San Antonio, Texas	P. G. Kell	2,164	13	5	15	3	...
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	F. Mowrey	4,353	56	5	15	3	...
Fitzsimons Army Hospital [1]	Denver	G. M. Powell	1,977	18	3	9	3	...
Army Medical Center [1-3]	Washington, D. C.	F. W. Pruitt	1,398	58	7	22	3	...
William Beaumont Army Hospital	El Paso, Texas	R. C. Hunter, Jr.	7,538	83	2	6	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	D. J. Sheehan	3,281	119	7	21	3	...
Madigan Army Hospital	Tacoma, Wash.	J. R. Vivas	1,102	6	2	2	1	...
Tripler Army Hospital [1]	Honolulu, T. H.	W. C. Berry	8,902	63	5	15	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-3]	Oakland, Calif.	R. O. Canada, Jr.	3,199	52	2	6	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	A. L. Lawler	2,051	112	4	12	3	...
U. S. Naval Hospital [1-3]	Great Lakes, Ill.	G. M. Davis	3,390	20	1	2	2	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	R. C. Parker, Jr.	977	...	3	9	3	...
U. S. Naval Hospital [1]	Chelsea, Mass.	H. L. Jones, Jr.	1,057	26	2	6	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	G. L. Valty	2,127	18	2	6	3	...
U. S. Naval Hospital [1]	Philadelphia	J. S. Cowan	2,489	73	3	9	3	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	G. G. Burkley	4,807	34	3	9	3	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital	San Francisco	A. A. Doerner	2,282	42	1	3	3	...
U. S. Public Health Service Hospital [1-3]	New Orleans	R. H. Linn	3,362	32	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Baltimore	G. F. Ellinger	1,823	25	2	6	3	...
National Institutes of Health-Clinical Center [1-3]	Bethesda, Md.	L. Terry	319	10	...	12	1	...
U. S. Public Health Service Hospital [1-177]	Boston	D. J. Tenenberg	2,373	31	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	C. G. Spicknall	2,026	58	3	9	3	...
U. S. Public Health Service Hospital [1-3]	Seattle	W. H. Stimson	1,449	33	1	3	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE								
Freedmen's Hospital [1-3]	Washington, D. C.	J. B. Johnson	1,004	79	4	9	3	218
NONFEDERAL AND VETERANS ADMINISTRATION								
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	E. D. Lineberry-O. C. McCarn	2,166	36	1	3	3	250
University of Alabama Medical Center			.....	...	...	...	3	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	T. R. Harrison	4,806	158	16	40	..	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	E. E. Eddleman, Jr.	502	34	3	18	..	...

Numerical and other references will be found on pages 556 through 559.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	C. E. Porter	3,281	65	2	6	3	225
Mobile County Hospital [1-3]	Mobile, Ala.	G. O. Segrest	1,335	78	2	2	1	300
Veterans Admin. Hospital [1-3-50]	Tuskegee, Ala.	E. T. Odom	1,990	61	4	5	3	...
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	M. H. Green	959	67	1	3	3	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	B. Frissell	2,075	46	1	3	3	300
St. Mary's Hospital and Sanatorium [1-3]	Tucson, Ariz.	L. J. Kent	3,736	42	3	3	1	200
University Hospital [1]	Little Rock, Ark.	R. V. Ebert	986	93	6	14	3	150
Veterans Admin. Hospital [1-3-55]	Little Rock, Ark.	H. R. Hipp	3,406	138	3	6	3	...
General Hospital of Riverside County [1]	Arlington, Calif.	.....	1,339	118	1	1	1	539
Kern County General Hospital [1]	Bakersfield, Calif.	J. Brackley	3,384	211	4	8	3	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. I. Harvey	2,128	77	1	3	3	175
City of Hope Medical Center [1-3]	Duarte, Calif.	R. L. Byron, Jr.	233	52	..	2	1	400
San Joaquin General Hospital [1]	French Camp, Calif.	L. Armanino	1,342	179	2	5	3	260
General Hospital of Fresno County [1-3]	Fresno, Calif.	M. J. Flese	2,987	144	2	6	3	300
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	D. L. John	4,837	183	2	4	3	...
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	A. H. Buell	4,093	106	1	3	3	235
Veterans Admin. Hospital [1-3-58]	Long Beach, Calif.	D. W. Lelk	2,725	253	9	27	3	...
California Hospital [1-3-60]	Los Angeles	W. F. Wessels	3,469	119	3	5	3	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	J. Reynolds-L. Gunther	4,396	141	3	9	3	250
Hospital of the Good Samaritan [3]	Los Angeles	J. L. Reynolds	3,352	76	2	6	3	225
Los Angeles County Hospital [1]	Los Angeles	W. Graf	22,393	1,014	16	42	3	246
Presbyterian Hospital-Olmsted Memorial [1-3]	Los Angeles	J. MacDonald	2,762	64	3	3	1	200
Queen of Angels Hospital [1-3]	Los Angeles	R. J. Brotzhener	4,853	158	1	3	2	200
St. Vincent's Hospital [3]	Los Angeles	E. W. Boland	2,318	57	1	1	1	250
University of California Hospital [1-3]	Los Angeles	J. S. Lawrence	1,368	64	6	13	3	198
Veterans Admin. Hospital [1-3]	Los Angeles	L. Fred	3,666	299	20	51	3	...
White Memorial Hospital [1-3]	Los Angeles	V. J. Johns, Jr.	1,313	62	2	5	3	150
Highland-Alameda County Hospital [1-60]	Oakland, Calif.	T. C. McCleave, Jr.	5,508	199	4	11	3	200
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	P. J. Raimondi	1,872	128	6	9	3	265
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	R. M. Shelton	2,473	140	1	3	3	240
San Bernardino County Charity Hospital	San Bernardino, Calif.	W. L. Cover	1,422	179	4	4	1	225
Mercy Hospital [1-3]	San Diego, Calif.	E. M. Fetter	2,905	79	1	3	3	200
San Diego County General Hospital [1-3]	San Diego, Calif.	A. M. Bassett	2,096	197	4	7	3	175
Children's Hospital [1-3]	San Francisco	P. M. Aggeler	552	16	1	2	2	125
Franklin Hospital [1-3]	San Francisco	C. D. Mote	1,764	28	3	3	3	200
French Hospital [1-3]	San Francisco	D. L. Wilbur	1,909	48	3	4	2	150
Kaiser Foundation Hospital [1-3]	San Francisco	C. C. Herbert	1,366	91	4	12	3	265
Mary's Help Hospital [1-3]	San Francisco	F. Rochex	1,395	34	1	2	1	200
Mount Zion Hospital [1-3]	San Francisco	J. J. Sampson	2,929	52	3	6	3	150
St. Joseph's Hospital [1-3]	San Francisco	M. E. Leonard	2,180	48	1	1	1	300
St. Luke's Hospital [1-3]	San Francisco	E. Bruck	4,964	81	2	4	3	200
St. Mary's Hospital [1-3]	San Francisco	J. J. McGinnis	2,613	74	2	5	3	150
Stanford University Service [1-3]	San Francisco	J. K. Lewis	2,383	140	4	8	3	195
University of California Service [1-3]	San Francisco	I. S. Edelman	2,425	157	5	7	3	195
Southern Pacific General Hospital [1-3]	San Francisco	R. E. Allen	4,041	29	2	5	3	175
Stanford University Hospitals [1-3]	San Francisco	D. A. Rytand	2,070	137	5	12	3	80
University of California Hospital [1-3]	San Francisco	H. D. Brainerd	2,539	92	8	19	3	210
Veterans Admin. Hospital [1-3]	San Francisco	F. M. Willett	3,856	109	14	23	2	...
Santa Clara County Hospital [1-3]	San Jose, Calif.	J. M. Stone	1,241	223	3	7	3	260
Community Hospital of San Mateo County [1]	San Mateo, Calif.	W. F. Knorp	774	69	3	5	2	300
Santa Barbara Cottage Hospital [1-3-81]	Santa Barbara, Calif.	T. K. Hill	1,960	60	3	6	3	200
Harbor General Hospital [1-82]	Torrance, Calif.	E. M. Duvall-F. Kellogg	3,931	206	8	24	3	246
Mercy Hospital [1-3]	Denver	A. W. Mutz	3,766	52	2	2	1	250
Presbyterian Hospital [1-3]	Denver	H. A. Bradford	1,647	71	1	3	2	225
St. Joseph's Hospital	Denver	T. H. Mahony	1,730	60	3	6	3	200
St. Luke's Hospital [1-3]	Denver	R. Liggett	5,090	160	1	1	1	225
University of Colorado Medical Center	.....	G. Meikeljohn	.....	.....	8	30	3	...
Colorado General Hospital [1-3]	Denver	.....	1,466	149	..	..	..	180
Denver General Hospital [1-3]	Denver	.....	2,641	250	..	..	..	157
Veterans Admin. Hospital [1-3-88]	Denver	T. P. Sears	2,445	143	6	18	3	...
Colorado State Hospital [89]	Pueblo, Colo.	G. R. Curless	2,141	183	6	11	3	415
Bridgeport Hospital [1-3]	Bridgeport, Conn.	D. B. Hardenbergh	2,973	112	2	4	2	240
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	V. Lynch	3,152	110	1	3	3	300
Greenwich Hospital [1-3]	Greenwich, Conn.	J. Lockwood	2,375	87	1	2	2	150
Hartford Hospital [1-3-92]	Hartford, Conn.	M. O. Phelps	4,817	289	11	18	3	100
Hartford Municipal Hospital and Health Center [1-3]	Hartford, Conn.	W. F. Smith	874	60	1	2	2	250
St. Francis Hospital [1-3]	Hartford, Conn.	J. J. Moher	4,123	108	2	6	3	125
New Britain General Hospital [1]	New Britain, Conn.	J. C. White	2,357	118	1	3	3	210
Grace-New Haven Community Hospital [1-3-99]	New Haven, Conn.	H. B. Beeson-T. S. Evans	4,030	307	7	14	3	50
Hospital of St. Raphael [1-3]	New Haven, Conn.	T. S. Evans	2,629	71	4	9	3	150
Veterans Admin. Hospital [1-3]	Newington, Conn.	P. Lipton	1,220	69	6	12	3	...
Lawrence and Memorial Hospitals [1-3]	New London, Conn.	E. Gipstein	2,933	78	3	3	1	250
Norwalk Hospital [1-3]	Norwalk, Conn.	D. L. Ehrich	2,357	93	2	2	1	195
St. Mary's Hospital	Waterbury, Conn.	V. Mishak	3,441	80	2	5	3	225
Waterbury Hospital [1]	Waterbury, Conn.	J. A. Smith	3,618	111	1	3	3	225
Veterans Admin. Hospital [1-3-100-102]	West Haven, Conn.	J. W. Hollingsworth	1,573	82	3	6	3	...
Delaware Hospital [1-3]	Wilmington, Del.	L. B. Flinn	2,516	189	2	5	3	220
Memorial Hospital [1-3]	Wilmington, Del.	P. Lang	1,918	116	1	3	3	225
Wilmington General Hospital [1-3]	Wilmington, Del.	J. R. Durham, Jr.	1,482	49	1	1	1	260
District of Columbia General Hospital [1-3]	Washington, D. C.	H. H. Hussey-M. J. Romansky	5,081	352	20	22	3	233
Georgetown University Hospital [1-3-103]	Washington, D. C.	H. H. Hussey	3,279	155	8	17	3	175
George Washington University Hospital [1-3]	Washington, D. C.	T. M. Brown	4,810	98	2	8	3	150
Providence Hospital [1-3]	Washington, D. C.	M. Meinerney	1,704	65	2	6	3	350
Veterans Admin. Hospital [1-3-105]	Washington, D. C.	E. D. Freis	1,963	125	5	13	3	...
Washington Hospital Center	.....	.....	.....	.....	..	..	3	...
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	T. J. Abernathy	2,116	89	2	5	..	225
Veterans Admin. Hospital [1]	Coral Gables, Fla.	J. M. Rumbaugh	2,585	253	6	18	3	...
Duval Medical Center [1-3]	Jacksonville, Fla.	K. B. Hanson	1,802	134	3	6	3	150
Riverside Hospital	Jacksonville, Fla.	D. White	1,040	9	1	1	1	150
St. Luke's Hospital [1-3]	Jacksonville, Fla.	J. M. Borland	2,300	32	1	1	1	300
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	J. Geeslin	2,479	53	2	5	1	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	R. Jones, Jr.	5,173	341	10	20	3	75
Mount Sinai Hospital of Greater Miami [1-3]	Miami Beach, Fla.	D. A. Nathan	3,739	36	3	7	3	250
St. Francis Hospital [1-3]	Miami Beach, Fla.	D. G. Stannus	2,655	51	2	2	2	200
Orange Memorial Hospital [1-3]	Orlando, Fla.	W. D. Steward	2,195	73	1	3	1	325
Mound Park Hospital [1-3]	St. Petersburg, Fla.	S. Grau	2,505	95	1	1	1	290
Tampa General Hospital [1-3]	Tampa, Fla.	W. W. Trice, Jr.	5,698	90	1	3	3	250
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	L. H. Bishop, Jr.	3,774	93	4	7	3	285
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	M. Johnson	4,063	120	2	5	3	305
Grady Memorial Hospital [1-3]	Atlanta, Ga.	J. W. Hurst	2,549	292	9	15	3	100

Numerical and other references will be found on pages 556 through 559.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Piedmont Hospital [1]	Atlanta, Ga.	C. Smith	1,178	19	1	1	1	235
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	T. T. Blalock	2,512	29	1	3	2	270
Veterans Admin. Hospital [1-8]	Atlanta, Ga.	J. C. Crutcher	1,955	168	6	12	3	...
Medical College of Georgia Hospitals								
Eugene Talmadge Memorial Hospital	Augusta, Ga.	T. Findley	930	51	6	16	3	250
University Hospital [1]	Augusta, Ga.	J. D. Gray	2,568	90	4	10	3	200
Veterans Admin. Hospital [1-3-115]	Augusta, Ga.	J. G. Bohorfoush	1,162	35	1	2	3	...
Emory University Hospital [1-3]	Emory University, Ga.	R. R. Loewe	3,479	89	6	14	3	235
Memorial Hospital of Chatham County [1-3]	Savannah, Ga.	T. A. McGoldrick, Jr.	1,193	68	1	3	1	350
Augustana Hospital [1-3]	Chicago	C. A. Hedberg	4,685	104	2	2	1	150
Columbus Hospital [3]	Chicago	E. Foley	4,271	137	2	4	2	125
Cook County Hospital [1-3]	Chicago	E. F. Foley	15,803	873	12	36	3	100
Grant Hospital [1]	Chicago	A. Vander Kloot	2,633	92	1	3	2	225
Illinois Central Hospital [1-3]	Chicago	W. J. Hand	3,554	115	3	3	2	256
Illinois Masonic Hospital [1-3]	**Chicago**	L. L. Braun	4,610	161	4	6	2	115
Mercy Hospital [1-3]	Chicago	G. F. O'Brien	2,062	42	4	9	3	200
Michael Reese Hospital	Chicago	R. Levine	3,203	62	5	15	3	100
Mount Sinai Hospital [1-3-12]	Chicago	E. B. Frellich	3,397	127	2	6	3	125
Northwestern University Medical Center [13]								
Chicago Wesley Memorial Hospital [1-3]	Chicago	P. S. Rhoads	5,157	149	3	7	3	125
Passavant Memorial Hospital [1-3]	Chicago	A. R. Colwell	2,570	69	1	4	3	50
Veterans Admin. Research Hospital [1]	Chicago	C. Borden	2,420	57	12	26	3	...
Evanston Hospital [1-3]	Evanston, Ill.	L. F. Jourdonais	3,722	192	2	6	3	225
Norwegian American Hospital [1-3]	Chicago	M. P. Gethner	2,122	40	3	3	1	225
Presbyterian Hospital [1-3]	Chicago	J. A. Campbell	3,908	134	4	12	3	125
Provident Hospital [1-3]	Chicago	A. F. Connor	1,105	40	1	2	1	200
Ravenswood Hospital	Chicago	M. Zeller	2,532	117	2	2	1	100
St. Joseph Hospital [1-3]	Chicago	D. L. Kessler	1,632	47	2	2	1	300
St. Luke's Hospital [1-3]	Chicago	H. Wakefield	3,734	123	4	12	3	125
St. Mary of Nazareth Hospital [1-3]	Chicago	S. A. Motto	3,086	72	2	3	1	150
University of Chicago Clinics [1-3]	Chicago	W. Adams	4,460	143	8	24	3	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	H. F. Dowling	1,314	108	5	14	3	125
Veterans Admin. West Side Hospital [1-3]	Chicago	H. J. Zimmerman	1,896	130	6	20	3	...
Woodlawn Hospital [1-3]	Chicago	J. Berg	392	4	..	..	1	200
St. Francis Hospital [3]	Evanston, Ill.	R. M. Jones	3,058	178	2	4	1	175
Veterans Admin. Hospital [1-121]	Hines, Ill.	L. A. Baker	3,578	141	17	45	3	...
St. Francis Hospital [1-3]	Peoria, Ill.	R. B. Rutherford	5,202	144	1	3	3	225
Clinic Hospital [1-3]	Bluffton, Ind.	A. A. C. Nickel	4,104	37	1	3	3	300
Indianapolis General Hospital [1]	Indianapolis	P. J. Fouts	1,600	87	5	16	3	205
Indiana University Medical Center [1]	Indianapolis	W. M. M. Kirby	2,066	158	3	9	3	165
Methodist Hospital [1]	Indianapolis	E. P. Tischer	3,962	196	2	6	3	278
St. Vincent's Hospital [1-3]	Indianapolis	J. O. Ritchey	882	29	1	3	3	275
Veterans Admin. Hospital [1-3-126]	Indianapolis	R. H. Behnke	1,982	171	2	4	3	...
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	R. C. Bolin	1,999	48	2	2	1	225
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	A. L. Jenks, Jr.	3,018	106	1	3	3	175
Veterans Admin. Hospital [1-3]	Des Moines, Iowa	J. C. Parsons	2,300	98	4	12	3	...
State University of Iowa Hospitals [1-3]	Iowa City	W. B. Bean	3,222	167	8	23	3	140
Veterans Admin. Hospital [1-3-24-130]	Iowa City	W. M. Kirkendall	1,817	102	4	11	3	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	E. G. Dimond	2,359	105	8	24	3	125
Veterans Admin. Hospital [1]	Kansas City, Mo.	C. E. Andrews	2,231	131	..	..	1	...
Veterans Admin. Hospital [1-3]	Topeka, Kan.	R. Chess	1,606	53	2	2	1	237
St. Francis Hospital [1-3]	Wichita, Kan.	B. Matassarin	3,372	71	2	2	1	275
Wesley Hospital [1-3]	Wichita, Kan.	J. T. Whallon	3,184	33	1	1	1	225
Good Samaritan Hospital [3]	Lexington, Ky.	J. Scott	1,945	54	1	1	1	225
St. Joseph Hospital [1-3]	Lexington, Ky.	J. W. Scott	1,887	36	2	2	1	230
Louisville General Hospital [1-3]	Louisville, Ky.	B. T. Towery	1,711	152	8	18	3	131
St. Joseph Infirmary [1-3]	Louisville, Ky.	R. Denham	4,104	70	3	6	1	210
Veterans Admin. Hospital [1-3-143]	Louisville, Ky.	J. R. Gott, Jr.	1,388	112	3	8	3	...
Charity Hospital of Louisiana								
Independent Unit [1]	New Orleans	J. O. Weilbaecher, Jr.	1,415	100	3	9	3	100
Louisiana State University Unit [1]	New Orleans	W. R. Akenhead	3,226	218	6	18	3	100
Tulane University Unit [1]	New Orleans	G. E. Burch	3,610	237	6	18	3	100
Ochsner Foundation Hospital [1]	New Orleans	W. R. Arrowsmith	2,961	55	4	12	3	225
Southern Baptist Hospital [1-3]	New Orleans	N. W. Voorhies	5,222	69	1	3	1	225
Touro Infirmary [1]	New Orleans	M. Gardberg	3,956	100	2	6	3	125
Veterans Admin. Hospital [1-3]	New Orleans	H. A. Buechner	1,962	161	7	21	3	...
Confederate Memorial Medical Center [1]	Shreveport, La.	M. D. Hargrove	5,923	183	3	9	3	125
Central Maine General Hospital [1]	Lewiston, Maine	M. A. Chaplin	1,690	88	1	1	1	225
Maine Medical Center [1]	Portland, Maine	R. S. Hawkes	2,332	79	2	6	3	125
Baltimore City Hospital [1-3]	Baltimore	G. S. Mirick	1,793	189	4	9	3	50
Church Home and Hospital [1-3]	Baltimore	Z. R. Morgan	1,171	63	2	5	3	200
Franklin Square Hospital [1-3]	Baltimore	L. M. Serra	1,486	64	3	5	2	225
Johns Hopkins Hospital [1-3]	Baltimore	A. M. Harvey	2,546	230	6	12	3	150
Lutheran Hospital [1-3]	Baltimore	L. A. M. Krause	1,721	53	4	8	3	220
Maryland General Hospital [1-3]	Baltimore	E. F. Cotter	1,406	77	3	6	3	225
Mercy Hospital [1-3]	Baltimore	H. R. Peters	1,846	93	2	5	3	275
Provident Hospital and Free Dispensary [3]	Baltimore	L. Martin	596	65	2	3	3	200
St. Agnes Hospital [1-3]	Baltimore	L. P. Gundry	2,567	82	2	4	1	260
Sinai Hospital [1-3]	Baltimore	A. I. Mendeloff	1,963	73	4	12	3	110
South Baltimore General Hospital [1-3]	Baltimore	L. P. Gundry	717	41	3	6	1	180
Union Memorial Hospital [1]	Baltimore	J. E. Howard	2,300	112	4	6	3	215
University Hospitals [1-3]	Baltimore	T. E. Woodward	3,157	195	7	17	3	75
Prince George's General Hospital [1-3]	Cheverly, Md.	W. B. Moyers	3,342	68	2	6	1	200
Veterans Admin. Hospital [1-3-159]	Fort Howard, Md.	I. Freeman	1,829	131	3	9	3	...
Veterans Admin. Hospital [1-3-159]	Perry Point, Md.	S. Goldenbaum	1,127	21	1	4	3	...
Beth Israel Hospital [1-3]	Boston	H. L. Blumgart	3,159	146	12	14	3	58
Boston City Hospital [1-3]	Boston				24	70	3	112
I and III Medical Service		F. Biguria	3,256	241	..	..	..	...
II and IV Medical Service		W. B. Castle	3,427	310	..	..	..	...
V and VI Medical Service		S. Katz	3,067	181	..	..	..	...
Carney Hospital [3-160]	Boston	N. A. Welch	2,407	61	4	8	3	150
Faulkner Hospital [1-3]	Boston	J. R. Graham	1,165	51	2	3	1	125
Lahey Clinic [1-3-147]	Boston	L. M. Hurxthal-F. N. Allan	1,480	41	10	30	3	200
Lemuel Shattuck Hospital [1-3]	Boston	T. C. Chalmers	954	61	12	30	3	250
Massachusetts General Hospital [1-3]	Boston	W. Bauer	6,863	...	7	20	3	67
Massachusetts Memorial Hospitals [1-3]	Boston	C. S. Keefer	1,644	61	5	21	3	100
New England Center Hospital [1-3]	Boston	S. Proger	3,913	59	5	41	3	100
New England Deaconess Hospital [1-3]	Boston	H. F. Root-C. C. Bailey	3,959	125	11	13	2	175
Peter Bent Brigham Hospital [1-3]	Boston	G. W. Thorn	3,093	195	12	31	3	25
Veterans Admin. Hospital [1-3]	West Roxbury, Mass.	I. A. Warthin	1,330	54	2	9	..	...
St. Elizabeth's Hospital [1-3-176]	Boston	S. McGinn	2,549	100	2	6	3	125
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	M. B. Strauss	5,812	236	14	30	3	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	E. E. Hinton	1,147	97	2	3	2	190

Numerical and other references will be found on pages 556 through 559.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Mount Auburn Hospital [1-8]	Cambridge, Mass.	D. Hurwitz	1,743	93	1	3	2	125
Lawrence F. Quigley Memorial Hospital [1-8]	Chelsea, Mass.	W. R. Ohler	610	41	..	2	1	255
Truesdale Hospital [1-8]	Fall River, Mass.	W. Mason	1,377	52	1	1	1	150
Lynn Hospital [1-8]	Lynn, Mass.	C. A. Palladino	2,101	33	1	1	2	150
Malden Hospital [1-8]	Malden, Mass.	D. Merrill	1,648	44	2	3	1	200
Newton-Wellesley Hospital [1-8]	Newton Lower Falls, Mass.	A. W. Locke	2,212	77	3	3	1	200
Quincy City Hospital [1-8]	Quincy, Mass.	J. C. Brudno	1,258	60	1	1	1	163
Salem Hospital [1]	Salem, Mass.	S. N. Gardner	1,582	47	1	1	1	200
Pondville Hospital [1]	Walpole, Mass.	D. Merrill	..	..	..	1	1	400
Memorial Hospital [1-8]	Worcester, Mass.	R. W. Robinson	2,068	81	2	4	3	200
St. Vincent Hospital [1-8]	Worcester, Mass.	J. T. Brosnan	4,875	114	5	9	3	...
Worcester City Hospital [1-8]	Worcester, Mass.	J. Lundy	2,093	122	2	4	3	215
St. Joseph Mercy Hospital	Ann Arbor, Mich.	M. Marshall	3,309	80	4	7	3	275
University Hospital [1-8-130]	Ann Arbor, Mich.	P. Barker	4,595	188	18	54	3	134
Veterans Admin. Hospital [1-8-190]	Dearborn, Mich.	M. R. Weed	3,402	189	4	10	3	...
Alexander Blain Hospital [1-8]	Detroit	J. W. Kingsley, Jr.	1,783	9	1	3	2	325
Detroit Memorial Hospital [1-8]	Detroit	J. L. Cahalan	3,645	110	2	4	3	275
Evangelical Deaconess Hospital [1-8]	Detroit	L. D. Stern	1,843	73	1	3	1	307
Grace Hospital [1-8]	Detroit	D. W. Myers	5,719	152	3	9	3	275
Harper Hospital [1-8]	Detroit	R. J. Schneck	2,860	115	4	12	3	225
Henry Ford Hospital [1-8]	Detroit	J. G. Mateer	8,892	280	20	54	3	225
Jennings Memorial Hospital [1-8]	Detroit	R. A. Johnson	281	4	1	2	1	350
Mount Carmel Mercy Hospital [1-8]	Detroit	E. C. Tallant	5,210	203	4	8	3	275
Providence Hospital [1]	Detroit	L. J. Bailey	3,413	140	1	3	3	275
Receiving Hospital [1-8]	Detroit	G. B. Myers	2,263	387	10	22	3	289
St. John Hospital [1-8]	Detroit	J. Murphy	1,442	35	1	2	2	275
St. Joseph Mercy Hospital [1]	Detroit	E. J. Maire	1,648	63	1	2	3	310
Sinai Hospital [1-8]	Detroit	J. E. Berk	2,314	82	3	9	3	275
Woman's Hospital [1-8]	Detroit	B. I. Johnstone	1,687	45	1	3	1	475
Wayne County General Hospital and Infirmary [1-8]	Eloise, Mich.	S. D. Jacobson	3,527	230	5	17	3	316
Hurley Hospital [1-8]	Flint, Mich.	G. E. Brewyer	5,554	167	2	6	3	325
McLaren General Hospital [1]	Flint, Mich.	H. V. Sparks	2,489	94	1	3	3	325
Blodgett Memorial Hospital [1-8]	Grand Rapids, Mich.	C. B. Beeman	2,628	121	1	3	3	275
Butterworth Hospital [1-8]	Grand Rapids, Mich.	W. Cayce	2,474	148	2	6	3	300
St. Mary's Hospital [1-8]	Grand Rapids, Mich.	J. F. Sanders	3,303	94	1	1	1	250
Bon Secours Hospital	Grosse Pointe, Mich.	R. Griffin	1,477	50	1	2	2	415
Highland Park General Hospital [1]	Highland Park, Mich.	L. Jaffe	876	9	1	3	3	308
Bronson Methodist Hospital [1]	Kalamazoo, Mich.	H. E. DePree	2,203	83	1	3	3	260
Edward W. Sparrow Hospital	Lansing, Mich.	W. D. Hayford	7,231	165	1	1	1	425
St. Lawrence Hospital [1-8]	Lansing, Mich.	J. Cordes	12,415	219	3	3	3	300
Pontiac General Hospital [1-8]	Pontiac, Mich.	C. R. Gatley	3,150	84	1	3	2	325
St. Joseph Mercy Hospital [1-8]	Pontiac, Mich.	S. Miller	3,611	70	1	3	3	325
William Beaumont Hospital [1-8]	Royal Oak, Mich.	E. E. Hammonds	2,264	72	2	2	1	...
Saginaw General Hospital [1-8]	Saginaw, Mich.	B. M. Mullington	1,903	69	1	3	3	345
Asbury Methodist Hospital [1-8]	Minneapolis	C. A. McKinlay	2,493	64	1	1	1	250
Minneapolis General Hospital [1-8]	Minneapolis	T. Lowry	1,342	128	4	10	3	209
Mount Sinai Hospital [1-8]	Minneapolis	W. Jacobson	2,337	64	1	1	3	200
Northwestern Hospital [1-8]	Minneapolis	M. C. Hanson	2,164	79	2	2	1	200
University of Minnesota Affiliated Hospitals	.....	.....	...	...	..	..	3	...
University Hospital [1-8]	Minneapolis	C. J. Watson	2,113	146	5	14	..	185
Veterans Admin. Hospital [1-8-210]	Minneapolis	E. B. Flink	2,459	178	16	36	..	...
Ancker Hospital [1-8]	St. Paul	J. Borg	1,533	132	2	6	..	185
Mayo Foundation [1-8]	Rochester, Minn.	R. D. Pruitt	23,185	212	60	392	3	175
Charles T. Miller Hospital [1-8]	St. Paul	B. Sommers	3,370	73	1	3	3	225
University Hospital [1-214]	Jackson, Miss.	J. R. Snavely	1,332	79	4	8	3	250
St. Louis County Hospital [1-8]	Clayton, Mo.	R. O. Muether	1,225	111	2	6	3	225
University of Missouri Medical Center [1-8]	Columbia, Mo.	W. A. Sodeman	419	20	6	13	3	...
Kansas City General Hospital No. 1	Kansas City, Mo.	T. R. Jones	1,245	116	4	12	3	200
Menorah Medical Center [1-8]	Kansas City, Mo.	J. W. Wolf	4,048	79	3	7	3	200
St. Joseph Hospital	Kansas City, Mo.	M. P. Hunter-R. P. Wright	2,324	114	1	3	1	250
St. Luke's Hospital [1-8]	Kansas City, Mo.	M. G. Berry	3,454	144	2	4	3	225
Barnes Hospital [1-8]	St. Louis	C. V. Moore	6,029	280	23	25	3	50
De Paul Hospital [1-8]	St. Louis	D. B. Flavan	5,104	103	2	3	3	200
Homer G. Phillips Hospital [1-8]	St. Louis	J. R. Smith	2,910	172	9	20	3	201
Jewish Hospital [1-8]	St. Louis	S. Sherry	3,475	138	6	11	3	100
Missouri Baptist Hospital [1-8]	St. Louis	W. M. Lonergan	2,744	75	2	4	3	175
Missouri Pacific Hospital [1-8]	St. Louis	L. B. Harrison	4,386	90	6	9	3	200
St. John's Hospital [1-8]	St. Louis	A. McMahon	2,226	90	3	6	3	200
St. Louis City Hospital [1-8]	St. Louis	B. Bereu-R. Kinsella, Jr.	3,534	320	12	24	3	92
St. Luke's Hospital [1-8]	St. Louis	P. O. Hagenmann	1,892	80	2	4	3	250
St. Mary's Group of Hospitals [1-8]	St. Louis	G. O. Brown	5,374	182	6	15	3	100
Veterans Admin. Hospital [1-8]	St. Louis	.....	...	...	..	..	3	...
St. Louis University Service		R. E. Mack	816	62	3	6	..	...
Washington University Service		R. V. Bing	826	80	3	6	..	...
Montana Deaconess Hospital [1-8]	Great Falls, Mont.	.....	1,561	91	1	2	1	275
Veterans Admin. Hospital [1-8]	Lincoln, Neb.	J. R. Gordon	1,069	40	1	3	3	...
Creighton Memorial-St. Joseph's Hospital	Omaha	J. Walsh	5,426	136	2	6	3	210
University of Nebraska Hospital [1-8]	Omaha	R. L. Grissom	504	35	2	8	3	175
Veterans Admin. Hospital [1-8]	Omaha	J. M. Holthaus	1,666	99	4	12	3	...
Dartmouth Medical School Affiliated Hospitals		.....	4,265	119	6	18	3	218
Mary Hitchcock Memorial Hospital [1-8]	Hanover, N. H.	J. W. Wright	...	...	..	..	..	...
Veterans Admin. Hospital [1-8]	White River Jct., Vt.	J. L. Grant	...	...	..	..	..	...
Atlantic City Hospital [1-8]	Atlantic City, N. J.	W. B. Stewart	2,300	137	1	3	2	200
Cooper Hospital [1-8]	Camden, N. J.	R. L. Sharp	2,494	123	2	3	3	200
Veterans Admin. Hospital [1-8]	East Orange, N. J.	H. A. Weiner	1,469	112	7	17	3	...
Jersey City Medical Center [1-8]	Jersey City, N. J.	T. J. White	7,282	150	10	27	3	108
Mountainside Hospital [1-8]	Montclair, N. J.	C. F. Turner	3,035	...	1	3	3	250
Morristown Memorial Hospital [1-8]	Morristown, N. J.	F. C. Bookers	5,221	110	1	2	2	250
Burlington County Hospital [1-8]	Mt. Holly, N. J.	L. E. Viteri	1,405	77	..	3	2	100
Harrison S. Martland Medical Center [1-8]	Newark, N. J.	J. Levin	3,714	146	6	11	3	162
Newark Beth Israel Hospital [1-8]	Newark, N. J.	J. Kaufman	2,488	80	1	3	3	100
St. Michael's Hospital [1-8-227]	Newark, N. J.	N. A. Antonius	2,475	94	3	8	3	165
St. Peter's General Hospital [1-8]	New Brunswick, N. J.	J. Sandella	1,675	68	1	1	1	175
Orange Memorial Hospital [1-8]	Orange, N. J.	R. R. Chamberlain	2,711	79	1	2	1	150
Bergen Pines County Hospital [1-8]	Paramus, N. J.	S. F. Alexander	1,650	168	6	6	1	200
Mercer Hospital [1-8]	Trenton, N. J.	J. F. Pessel	2,314	144	1	1	1	150
St. Francis Hospital [1-8]	Trenton, N. J.	P. H. Corrigan	2,094	115	1	2	2	210
Bataan Memorial Methodist Hospital [1-8]	Albuquerque, N. Mex.	C. H. Dillingham, Jr.	2,164	47	4	6	3	250
Bernalillo County-Indian Hospital	Albuquerque, N. Mex.	J. D. Abrums	1,091	59	1	3	3	250
Veterans Admin. Hospital [1-8-228]	Albuquerque, N. Mex.	W. S. Taylor	1,749	84	5	10	3	...
Albany Hospital [1-8]	Albany, N. Y.	R. T. Beebe	3,396	208	8	19	3	160
Veterans Admin. Hospital [1-8]	Albany, N. Y.	J. H. Cullen	3,179	179	4	10	3	...

Numerical and other references will be found on pages 556 through 559.

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8. INTERNAL MEDICINE—(Continued)

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Salary (Month)
Veterans Admin. Hospital [1-3]	Bath, N. Y.	H. W. Baum	2,203	80	3	3	2	...
Binghamton City Hospital [1-3]	Binghamton, N. Y.	M. H. Paushter	4,263	165	2	4	3	150
Beth-El Hospital [1-3]	Brooklyn, N. Y.	I. Snapper	1,742	39	3	6	3	125
Brooklyn Hospital [1-3-15]	Brooklyn, N. Y.	G. E. Anderson	1,938	92	4	8	3	175
Coney Island Hospital	Brooklyn, N. Y.	M. Mensch	1,475	105	2	7	3	105
Cumberland Hospital [1-3]	Brooklyn, N. Y.	S. P. Bailey	1,651	79	2	6	3	104
Jewish Chronic Disease Hospital [1-3]	Brooklyn, N. Y.	M. G. Goldner	1,558	87	10	22	3	175
Jewish Hospital [1-3]	Brooklyn, N. Y.	J. D. Goldstein	2,346	65	5	10	3	100
Kings County Hospital								
Division I [1-3]	Brooklyn, N. Y.	A. Fankhauser	6,734	257	6	19	3	104
Division II [1-3]	Brooklyn, N. Y.	P. H. Long	6,730	479	6	20	3	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	J. H. Crawford	819	20	2	5	3	156
Lutheran Medical Center [1-3]	Brooklyn, N. Y.	W. F. Rexer	1,257	39	1	3	3	135
Maimonides Hospital [1-3]	Brooklyn, N. Y.	M. Michael, Jr.	3,189	110	8	13	3	75
Methodist Hospital [1-3]	Brooklyn, N. Y.	H. D. Fearon	1,785	58	2	5	3	175
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	E. R. Marzullo	1,633	38	1	2	3	175
St. Mary's Hospital [1-3]	Brooklyn, N. Y.	V. Annunziata	743	24	1	2	1	200
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	P. W. Spear	2,651	156	13	35	3	...
Allied Hospitals of The Sisters of Charity [1-3]	Buffalo	H. F. Brown	5,466	126	2	6	3	235
Emergency Hospital			....	....	..	..	..	...
Sisters of Charity Hospital			....	....	..	..	..	...
Buffalo General Hospital [1-3-240]	Buffalo	J. H. Talbott	5,033	203	7	9	3	175
Deaconess Hospital [1-3]	Buffalo	M. S. Howland, Jr.	2,375	84	3	3	1	300
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	D. K. Miller	4,369	149	6	20	3	248
Millard Fillmore Hospital [1-3]	Buffalo	J. F. Painton	2,449	67	3	8	3	285
Roswell Park Memorial Institute [1-3]	Buffalo	J. E. Sokal	384	116	6	6	1	300
Veterans Admin. Hospital [1-3]	Buffalo	G. W. Bissell	2,378	161	4	12	3	...
Clifton Springs Sanitarium and Clinic [1-3]	Clifton Springs, N. Y.	B. A. Watson	2,302	40	1	3	3	150
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	E. D. Thomas	1,120	35	3	5	3	150
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	H. E. Marks	3,459	100	4	12	3	104
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	C. Cramer	1,781	69	1	3	3	175
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	A. W. Freireich	2,113	190	4	12	3	225
Cornell University Infirmary [1-3]	Ithaca, N. Y.	N. S. Moore	1,347	....	4	4	3	208
Tompkins County Memorial Hospital	Ithaca, N. Y.		....	....	..	..	..	...
Jamaica Hospital [1-3]	Jamaica, N. Y.	D. Porte	....	....	1	1	1	200
Mary Immaculate Hospital [1]	Jamaica, N. Y.	F. Mazzola	1,531	37	2	2	1	160
Queens Hospital Center [1-3]	Jamaica, N. Y.	A. A. Fischl	4,622	342	7	10	3	165
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	N. Occhino	4,557	78	3	6	2	225
North Shore Hospital [1-3]	Manhasset, N. Y.	W. J. Messinger	1,124	59	2	4	2	200
Mount Vernon Hospital [1-3]	Mount Vernon, N. Y.	H. Belsky	1,748	74	1	2	2	200
Long Island Jewish Hospital [1-3]	New Hyde Park, N. Y.	E. Mellman	1,863	80	2	4	3	75
New Rochelle Hospital [1-3]	New Rochelle, N. Y.	W. C. Meredith	3,155	81	1	3	3	225
Bellevue Hospital Center								
Div. I—Columbia University [1-3]	New York City	D. W. Richards	1,380	76	7	13	3	105
Div. II—Cornell University [1-3-18-259]	New York City	T. P. Almy	1,304	71	6	13	3	105
Div. III—New York University College of Medicine	New York City	W. S. Tillett	2,150	89	8	16	3	115
Div. IV—New York University Post-Graduate Medical School [-265]	New York City	C. F. Wilkinson, Jr.	1,573	58	10	30	3	105
Beth Israel Hospital [1-3]	New York City	A. M. Fishberg	2,198	66	3	9	3	140
Bronx Hospital [1-3]	New York City	E. E. Fischel	2,135	50	3	9	3	60
Bronx Municipal Hospital Center [1-3]	New York City	I. M. London	2,053	188	12	24	3	105
Columbus Hospital [3]	New York City	A. Siragusa	1,263	26	1	3	3	125
Fordham Hospital [1-3]	New York City	M. M. Levites	2,960	138	6	8	2	104
42nd Street Beth David Hospital	New York City	H. A. Solomon	1,191	35	1	1	1	125
Francis Delafield Hospital [1-3]	New York City	R. F. Loeb	480	73	4	8	3	105
French Hospital [1-3]	New York City	H. J. McNelle	1,331	22	1	4	3	50
Goldwater Memorial Hospital								
Columbia University and Research Division [1-3]	New York City	V. Kneeland, Jr.-D. Seegal	191	12	4	4	1	157
New York University Division III [1-3]	New York City	M. Rosenbluth	655	41	4	11	1	104
New York University Research Division	New York City	J. M. Steele	202	10	2	4	1	157
Hospital for Joint Diseases [1-3]	New York City	M. L. Kramer	689	26	2	3	2	80
Knickerbocker Hospital [1-3]	New York City	M. S. Bruno	2,850	74	2	4	3	125
Lebanon Hospital [1-3]	New York City	H. L. Frosch-S. Weiskopf	2,261	62	1	1	1	100
Lenox Hill Hospital [1-3]	New York City	E. A. Lawrence-C. E. de la Chapelle	2,340	65	4	7	3	180
Lincoln Hospital [1-3]	New York City	C. R. Messeloff	2,802	53	4	11	3	71
Memorial Center for Cancer and Allied Diseases [1-3-18]	New York City	R. W. Rawson	1,552	201	12	24	3	150
James Ewing Hospital			....	....	..	..	..	...
Memorial Hospital			....	....	..	..	..	...
Misericordia Hospital	New York City	L. V. Rooney	898	31	1	2	1	100
Montefiore Hospital [1-3]	New York City	I. Leiter	3,916	168	18	31	3	187
Morrisania City Hospital [1-3]	New York City	S. Bilson	3,443	188	7	11	2	104
Mount Sinai Hospital [1-3]	New York City	A. B. Gutman	5,591	180	14	32	3	75
New York Hospital [1-3]	New York City	D. P. Barr	3,129	202	14	26	3	164
New York Infirmary [1-3]	New York City	A. P. McCombs	657	14	1	2	1	175
New York Medical College—Metropolitan Medical Center		L. J. Boyd	....	....	..	..	..	...
Bird S. Coler Memorial Hospital and Home [1-3]	New York City		2,738	106	25	51	2	157
Flower and Fifth Avenue Hospitals	New York City		1,461	23	4	5	3	...
Metropolitan Hospital [1-3]	New York City		4,142	149	4	12	3	104
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. P. Croce	1,280	28	1	3	3	125
New York University—Bellevue Medical Center								
University Hospital	New York City	C. F. Wilkinson, Jr.	2,028	60	..	1	1	135
Presbyterian Hospital [1]	New York City	R. F. Loeb	7,410	148	12	21	3	250
Roosevelt Hospital [1-3]	New York City	A. J. Antenucci-J. M. Freston	2,651	96	6	12	3	133
St. Barnabas Hospital for Chronic Diseases [1-3]	New York City	A. J. Patek, Jr.	853	32	2	4	2	75
St. Clare's Hospital [1-3]	New York City	J. P. Croce	2,506	41	1	3	3	200
St. Francis Hospital [1-3]	New York City	E. P. Flood	1,844	46	2	4	3	125
St. Luke's Hospital	New York City	G. J. Coffin	3,672	137	6	16	3	100
St. Vincent's Hospital [1-3]	New York City	O. La Rotonda	4,129	194	6	13	3	125
Sydenham Hospital [1-3]	New York City	E. Appelbaum	902	16	2	3	1	105
Veterans Admin. Hospital [1-3-279]	New York City (Bronx)	J. Wolf	5,395	250	14	42	3	...
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	J. J. Smith	2,786	133	16	26	3	...
United Hospital [1-3]	Port Chester, N. Y.	N. Schwartz	1,843	18	2	2	1	200
Genesee Hospital [1-3]	Rochester, N. Y.	H. Segal	1,892	150	2	5	3	240
Highland Hospital	Rochester, N. Y.	J. W. Holler	1,424	92	2	5	3	225
Rochester General Hospital [1-3]	Rochester, N. Y.	L. Horn	2,235	155	3	9	3	125
St. Mary's Hospital [1-3]	Rochester, N. Y.	L. F. La Palm	2,887	186	1	3	3	200
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. S. McCann	4,550	343	12	26	3	117
Ellis Hospital	Schenectady, N. Y.	H. E. Reynolds	4,847	109	3	6	3	150
Staten Island Hospital [1-3]	Staten Island, N. Y.	C. N. Accettola	2,062	49	1	1	1	200
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	R. H. Lyons	7,977	341	12	40	3	233
Veterans Admin. Hospital	Syracuse, N. Y.	J. Duggan	1,585	95	..	..	..	...

Numerical and other references will be found on pages 556 through 559.

8. INTERNAL MEDICINE—(Continued)

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Grasslands Hospital [1-3]	Valhalla, N. Y.	W. P. Reed	1,008	98	1	5	3	175
White Plains Hospital [1-3]	White Plains, N. Y.	E. W. Weber	1,403	43	1	3	3	175
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	C. H. Burnett	1,364	54	7	15	3	156
Charlotte Memorial Hospital [1]	Charlotte, N. C.	J. M. Alexander	2,468	80	1	3	3	250
Duke University Affiliated Hospitals			...	...	...	3	3	...
Duke Hospital [1-3]	Durham, N. C.	E. A. Stead, Jr.	3,104	118	14	36	..	102
Veterans Admin. Hospital [1-3]	Durham, N. C.	W. P. Deiss	2,103	75	..	1	..	...
Watts Hospital [1-3]	Durham, N. C.	I. H. Manning, Jr.	3,518	45	2	5	3	175
Rex Hospital [1]	Raleigh, N. C.	T. L. Umphlet	3,478	60	1	1	1	350
City Memorial Hospital [1-3]	Winston-Salem, N. C.	C. H. Reid	3,822	100	1	3	3	300
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	E. H. Yount, Jr.	4,505	67	5	11	3	125
Bismarck Hospital [3]	Bismarck, N. Dak.	C. H. Peters	1,575	41	2	2	1	300
St. Luke's Hospital [3]	Fargo, N. Dak.	A. C. Fortney	1,822	66	1	1	1	300
Akron City Hospital [1-3]	Akron, Ohio	A. P. Ormond	4,418	178	2	6	3	250
Akron General Hospital [1]	Akron, Ohio	R. F. Jukes	2,943	103	3	9	3	250
Aultman Hospital [1-3]	Canton, Ohio	R. E. Tschantz	5,216	134	3	6	3	275
Mercy Hospital [1-3]	Canton, Ohio	L. C. Underwood	2,004	81	2	6	3	200
Bethesda Hospital [1-3]	Cincinnati	J. Gatlin	1,518	46	1	1	1	200
Christ Hospital [1]	Cincinnati	W. D. Ramey	1,362	87	1	3	1	200
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-3]	Cincinnati	R. W. Vilter	2,281	275	12	34	3	50
Good Samaritan Hospital [1-3]	Cincinnati	L. B. Owens	2,947	86	2	6	3	250
Jewish Hospital [1-3]	Cincinnati	H. Schiro	2,779	143	6	11	3	145
St. Mary's Hospital [1-3]	Cincinnati	J. D. Marioni	708	27	2	4	3	250
City Hospital [1-3]	Cleveland	C. R. Rammelkamp, Jr.	1,619	155	10	20	3	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	A. C. Ernstene	1,071	26	19	46	3	175
Fairview Park Hospital [1-3]	Cleveland	H. E. Christman	2,513	185	2	4	2	200
Highland View-Cuyahoga County Hospital	Cleveland	D. R. Weir	950	50	5	9	1	190
Huron Road Hospital [1-3]	Cleveland	E. A. Marshall	2,466	73	2	4	3	210
Lutheran Hospital [1-3]	Cleveland	M. August	1,451	71	1	3	1	250
Mount Sinai Hospital [1-3]	Cleveland	M. L. Siegel	2,965	150	5	10	3	215
St. Alexis Hospital [1-3]	Cleveland	R. R. Bartunek	3,589	83	2	4	2	250
St. John's Hospital	Cleveland	W. M. Novince	831	18	2	4	2	170
St. Luke's Hospital [1-3]	Cleveland	A. D. Nichol	3,824	174	3	8	3	140
St. Vincent Charity Hospital [1-3]	Cleveland	F. R. Hanrahan	3,746	114	4	8	3	210
University Hospitals [1-3]	Cleveland	R. H. Ebert	3,993	262	12	21	3	125
Veterans Admin. Hospital [1-3-20-307-308]	Cleveland	N. P. Shumway	3,371	166	7	14	3	...
Mount Carmel Hospital [1]	Columbus, Ohio	P. T. Knies	1,492	65	2	5	3	275
Ohio State University Hospitals								
University Hospital [1-3-316-317]	Columbus, Ohio	B. K. Wiseman	3,764	204	6	15	3	177
White Cross Hospital [1-3]	Columbus, Ohio	R. H. Jacques	2,273	52	2	4	3	200
Good Samaritan Hospital [1-3]	Dayton, Ohio	M. Block	6,671	92	2	2	1	250
Veterans Admin. Hospital [1-3]	Dayton, Ohio	S. Sinnerman	2,777	169	10	24	3	...
Marymount Hospital [1-3]	Garfield Heights, Ohio	A. S. Broglio	3,962	60	2	2	1	200
Mercy Hospital [1-3]	Hamilton, Ohio	C. A. Schuck	2,985	92	6	6	1	250
Lakewood Hospital [1-3]	Lakewood, Ohio	J. T. Ledman	2,200	90	3	7	3	200
Lima Memorial Hospital [1-3]	Lima, Ohio	L. N. Irvin	3,397	72	1	3	1	275
St. Rita's Hospital [1-3]	Lima, Ohio	F. G. Maurer	2,792	45	1	3	3	325
Maumee Valley Hospital [1-3]	Toledo, Ohio	M. E. Green	1,400	79	2	3	3	210
Mercy Hospital [1-3]	Toledo, Ohio	G. W. Bascom	410	21	1	1	1	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. A. Schnitker	4,461	106	1	3	3	275
Toledo Hospital [1-3]	Toledo, Ohio	C. S. Mundy	3,428	109	1	3	3	200
Trumbull Memorial Hospital [1]	Warren, Ohio	J. R. McKay	4,960	73	1	3	3	300
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	P. J. Manar	192	...	2	3	2	300
Youngstown Hospital [1-3]	Youngstown, Ohio	J. Noll	2,181	102	2	6	3	175
St. Anthony Hospital	Oklahoma City	P. M. McNeill	2,068	49	1	2	2	250
University of Oklahoma Medical Center								
University Hospitals [1-3-319]	Oklahoma City	S. G. Wolf, Jr.	1,357	79	6	18	3	...
Veterans Admin. Hospital [1-3]	Oklahoma City	J. F. Hammarsten	2,432	110	6	16	3	...
Wesley Hospital [1]	Oklahoma City	W. W. Rucks, Jr.	1,439	26	1	1	1	250
St. John's Hospital [1-3]	Tulsa, Okla.	P. T. Strong	3,062	75	2	4	2	175
Emanuel Hospital [1-3]	Portland, Ore.	G. R. McCutchan	3,075	152	1	3	3	275
Good Samaritan Hospital [1-3]	Portland, Ore.	O. Page	5,969	...	2	6	1	275
Providence Hospital [1-3]	Portland, Ore.	J. J. Murphy	3,633	166	1	3	3	275
St. Vincent's Hospital [1-3]	Portland, Ore.	E. E. Rosenbaum	4,592	133	2	6	3	275
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	H. P. Lewis	2,262	240	3	9	3	100
Veterans Admin. Hospital [1-3]	Portland, Ore.	L. W. Ritzmann	2,666	130	7	16	3	...
Abington Memorial Hospital [1-3]	Abington, Pa.	J. T. Beardwood, Jr.	1,695	84	1	3	3	150
Allentown Hospital [1-3]	Allentown, Pa.	C. H. Fleichner	2,545	123	1	3	3	225
Sacred Heart Hospital [1-3]	Allentown, Pa.	A. W. Dubbs	2,461	64	2	3	2	225
St. Luke's Hospital [1-3]	Bethlehem, Pa.	R. K. Shields	2,671	131	2	2	3	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	W. W. Dyer	3,146	130	1	5	3	200
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	J. Stalnsby	2,494	78	3	5	3	175
Easton Hospital [1-3]	Easton, Pa.	J. Kincov	2,043	109	2	3	2	250
Hamot Hospital [1-3]	Erie, Pa.	J. B. Tredway	3,542	73	1	1	2	225
Harrisburg Hospital	Harrisburg, Pa.	J. A. Daugherty	5,233	160	1	3	3	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	A. W. Cowley	2,914	148	2	4	3	300
Albert Einstein Medical Center								
Northern Division [1-3]	Philadelphia	B. A. Gouley	2,927	122	6	14	3	150
Southern Division [1-3]	Philadelphia	T. Mendell	2,314	108	1	4	3	150
Chestnut Hill Hospital [1]	Philadelphia	R. M. Truitt, Jr.	1,290	52	2	2	1	350
Episcopal Hospital [1-3]	Philadelphia	S. R. Vogel	2,406	123	2	6	3	150
Frankford Hospital [1-3]	Philadelphia	G. E. Mark, Jr.	1,198	78	1	1	1	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	R. W. Mays	2,350	124	1	3	3	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. J. Bockus	1,344	59	3	6	3	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. B. Donaldson	779	36	4	12	3	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. C. Wood	5,171	189	14	45	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	W. G. Leaman	1,428	45	1	5	3	110
Jefferson Medical College Hospital [1-3-32]	Philadelphia	J. E. Deitrick	4,277	117	6	20	3	100
Lankenau Hospital [1-3]	Philadelphia	F. L. Hartmann-E. L. Bortz	2,604	81	2	4	2	200
Methodist Episcopal Hospital [1-3]	Philadelphia	H. F. Robertson	1,658	56	2	2	1	150
Pennsylvania Hospital [1-3]	Philadelphia	G. G. Duncan	2,908	168	11	11	3	20
Philadelphia General Hospital [3]	Philadelphia	C. M. Thompson	5,743	593	6	18	3	121
Presbyterian Hospital [1-3]	Philadelphia	G. P. Rouse	2,179	101	1	3	3	150
Temple University Hospital [1-3]	Philadelphia	T. M. Durant	3,283	115	4	12	3	...
Veterans Admin. Hospital [1-3]	Philadelphia	H. P. Close	4,079	253	5	17	3	...
Allegheny General Hospital [1]	Pittsburgh	V. B. Callomon	2,290	71	1	3	3	200
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh							
Elizabeth Steel Magee Hospital [1-3]		L. Gregg	1,766	74	2	4	3	...
Presbyterian Hospital		J. D. Myers	2,555	108	6	14	3	125

Numerical and other references will be found on pages 556 through 559.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Yr. Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Mercy Hospital	Pittsburgh	J. M. Johnston	1,278	13	3	9	3	235
Montefiore Hospital [1-3]	Pittsburgh		2,523	100	3	9	1	225
Pittsburgh Hospital [1-3]	Pittsburgh	A. V. Morgan	1,459	45	1	1	1	200
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	A. P. D'Zmura	2,496	105	1	3	3	200
Veterans Admin. Hospital [1-3]	Pittsburgh	A. S. Ghishlen	2,224	174	8	18	3	...
Western Pennsylvania Hospital [1-3]	Pittsburgh	R. L. Forsyth	3,183	133	2	6	3	225
Reading Hospital [1-3]	Reading, Pa.	J. R. Spannuth	2,380	181	1	3	3	225
Robert Packer Hospital [1-3]	Sayre, Pa.	S. D. Conklin	3,025	81	3	9	3	200
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.	J. F. Glering	2,883	65	1	1	1	225
Rhode Island Affiliated Hospitals			...	...	..	..	3	...
Newport Hospital	Newport, R. I.	H. W. Brownell	6,504	50	1	1	..	200
Memorial Hospital	Pawtucket, R. I.	R. E. Stevens	9,379	128	..	1	..	200
Miriam Hospital	Providence, R. I.	E. A. Sharp	6,249	55	..	1	..	200
Rhode Island Hospital [1-3]	Providence, R. I.	M. N. Fulton	3,687	230	5	9	3	100
Veterans Admin. Hospital [1-3]	Providence, R. I.	H. A. Lawson	1,931	81	2	4	2	...
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	V. Moseley	2,326	85	7	12	3	137
Columbia Hospital of Richland County [1-3]	Columbia, S. C.	W. C. McLain	4,521	79	2	2	1	175
Veterans Admin. Hospital	Columbia, S. C.	S. L. Zimmerman	2,856	96	2	6	3	...
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	A. S. Easley	4,710	142	4	7	3	225
Memorial Hospital [1-3]	Chattanooga, Tenn.	W. B. MacGuire	2,242	39	2	2	1	250
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	B. M. Overholt	4,074	72	2	4	2	250
City of Memphis Hospitals [1-3]	Memphis, Tenn.	I. F. Tullis	2,772	310	6	17	3	125
St. Joseph Hospital [1-3]	Memphis, Tenn.	S. B. Blackwell	3,539	72	1	3	3	250
Veterans Admin. Hospital [1-3-314]	Memphis, Tenn.	F. S. Dietrich	3,540	137	5	14	3	...
Baptist Hospital [1-3]	Nashville, Tenn.	J. N. Thomasson	2,414	3	3	4	1	175
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	F. T. Billings, Jr.	1,171	63	2	3	3	125
Nashville General Hospital [1-3]	Nashville, Tenn.	W. J. Card	1,012	53	2	4	1	200
St. Thomas Hospital [1-3]	Nashville, Tenn.	J. J. Callaway	2,091	47	1	3	3	300
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. J. Morgan	3,447	94	..	13	3	50
Veterans Admin. Hospital [1-3]	Nashville, Tenn.	R. France	2,213	60	3	3	3	...
Oak Ridge Institute of Nuclear Studies [1-3-21]	Oak Ridge, Tenn.	G. A. Andrews	302	26	..	2	1	167
Baylor University Hospital [1-3]	Dallas, Texas	P. Thomas	5,824	158	2	6	3	160
Methodist Hospital [1-3]	Dallas, Texas	T. S. Barnes	604	9	1	4	3	200
Parkland Memorial Hospital [1-3]	Dallas, Texas	D. Seldin	1,660	144	6	18	3	125
St. Paul's Hospital [1-3]	Dallas, Texas	P. Q. Needham	3,557	105	2	6	3	125
Veterans Admin. Hospital [1-3-347]	Dallas, Texas	B. Friedman	2,224	121	7	12	3	...
Harris Hospital [1-3]	Fort Worth, Texas	J. M. Church	5,447	94	1	2	2	300
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. T. Stone, Sr.	3,192	157	8	20	3	160
Baylor University College of Medicine Affiliated Hospitals								
Jefferson Davis Hospital [1-3]	Houston, Texas	J. A. Greene	1,751	225	5	13	3	75
Methodist Hospital [1-3]	Houston, Texas	H. W. Cummings, Jr.	3,582	85	1	3	3	100
Veterans Admin. Hospital [1-3]	Houston, Texas	H. D. Bennett	4,511	235	7	21	3	...
Hermann Hospital [1-3]	Houston, Texas	E. A. Wilkerson	5,880	132	2	6	3	100
University of Texas Postgraduate Medical School Affiliated Hospitals			...	...	..	..	3	...
St. Joseph's Hospital [1-22]	Houston, Texas	S. Schnur	1,891	8	1	1	..	220
St. Luke's Episcopal Hospital [1-3-22]	Houston, Texas	P. V. Ledbetter	1,941	32	3	3	..	220
Southern Pacific Hospital [1-22]	Houston, Texas	M. D. Levy, Sr.	722	5	2	2	..	...
University of Texas M. D. Anderson Hospital and Tumor Institute [1-3-22]	Houston, Texas	C. D. Howe	600	124	..	8	..	150
Veterans Admin. Hospital [1-3]	McKinney, Texas	G. A. Edwards	1,507	74	2	4	3	...
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	L. B. Reppert	932	99	1	2	2	150
Santa Rosa Hospital [1-3]	San Antonio, Texas	D. Sacks	2,734	88	1	1	1	250
Scott and White Memorial Hospitals [1-3]	Temple, Texas	J. G. Rodarte	5,626	55	2	6	3	300
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	G. H. Keyes	2,811	85	2	2	1	300
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	A. P. MacFarlane	3,641	100	1	3	3	225
Holy Cross Hospital [1-3]	Salt Lake City	E. M. Kilpatrick	1,339	39	1	1	1	175
University of Utah College of Medicine Affiliated Hospitals			...	...	..	..	3	...
Salt Lake County General Hospital [1]	Salt Lake City	M. Wintrobe	927	85	2	19	..	200
Veterans Admin. Hospital (12th Avenue) [3]	Salt Lake City	L. Jarcho	1,277	76	4	7	..	...
University of Vermont Affiliated Hospitals								
De Goesbriand Memorial Hospital [1-3]	Burlington, Vt.	C. M. Terrien	1,645	44	1	2	2	180
Mary Fletcher Hospital [1-3-360]	Burlington, Vt.	E. L. Amidon	1,656	54	3	6	2	100
Alexandria Hospital [1-3]	Alexandria, Va.	J. Watson	1,732	61	1	3	1	275
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. Parson	2,731	82	8	20	3	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	A. Williams	2,848	37	4	4	1	250
Riverside Hospital [1-3]	Newport News, Va.	J. W. Massey	2,217	52	1	1	1	250
De Paul Hospital [1-3]	Norfolk, Va.	J. D. Lea	2,005	83	2	4	3	200
Norfolk General Hospital [1-3]	Norfolk, Va.	M. R. Whitehill	2,888	101	2	4	3	175
Johnston-Willis Hospital [1-3]	Richmond, Va.	J. M. Hutcheson	2,396	80	2	2	1	250
Medical College of Virginia—Hospital Division [1-3-373]	Richmond, Va.	H. Walker	4,772	192	10	19	3	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	W. T. Thompson, Jr.	5,442	103	9	27	3	...
Jefferson Hospital [1-3]	Roanoke, Va.	R. C. Crawford	1,251	51	1	1	1	200
Lewis-Gale Hospital [1-3]	Roanoke, Va.	R. H. Jones, Jr.	2,033	33	2	2	1	250
Doctors Hospital [1]	Seattle	Q. R. Dow Marsh	1,200	92	1	2	1	250
Providence Hospital [1-3]	Seattle	R. Simpson	3,516	82	1	2	2	250
Swedish Hospital [1-3]	Seattle	C. E. Watts	4,001	132	1	2	1	225
University of Washington Affiliated Hospitals			...	...	..	..	3	...
King County Hospital Unit No. 1, (Harborview) [1]	Seattle	R. H. Williams	4,803	345	12	24	..	175
Veterans Admin. Hospital [1-3]	Seattle	R. S. Evans	1,276	135	12	24	..	...
Virginia Mason Hospital [1-3]	Seattle	R. L. King	2,734	94	2	6	3	150
Charleston General Hospital [1-3]	Charleston, W. Va.	W. A. Thornhill, Jr.	2,607	56	2	5	3	225
Memorial Hospital [1-3]	Charleston, W. Va.	P. A. Tuckwiller	3,338	67	1	3	3	250
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	W. E. Bray, Jr.	2,416	26	1	4	1	200
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	R. N. Lewis	3,528	70	3	9	3	300
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	T. E. Gundersen	2,756	39	1	1	2	300
Madison General Hospital [1-3]	Madison, Wis.	A. J. Riebtsmeier	2,441	117	3	3	1	150
St. Mary's Hospital [1-3]	Madison, Wis.	R. N. Allin	2,069	62	1	3	3	250
University Hospitals [1-3]	Madison, Wis.	O. O. Meyer	4,312	120	6	18	3	100
St. Joseph's Hospital	Marshfield, Wis.	K. H. Doege	1,818	60	1	2	3	...
Columbia Hospital [1-3-377]	Milwaukee	E. W. Mason	1,272	60	1	3	2	245
Milwaukee County Hospital [1-3]	Milwaukee	E. D. Murphy	10,177	417	8	24	3	207
Milwaukee Hospital [1-3-378]	Milwaukee	E. R. Daniels	2,281	95	1	3	2	245
Mount Sinai Hospital [1-3]	Milwaukee	N. Grossman	1,564	44	1	3	2	300
St. Joseph's Hospital [1-3]	Milwaukee	W. L. Coffey	2,842	98	1	3	3	280
St. Luke's Hospital [1-3]	Milwaukee	J. Meyer	2,868	50	2	2	1	275
St. Mary's Hospital [3]	Milwaukee	M. C. F. Lindert	1,725	67	1	1	1	225
Veterans Admin. Hospital [1-3-23-383]	Milwaukee (Wood), Wis.	M. W. Garry	4,587	244	6	20	3	...
Gorgas Hospital [1]	Ancon, Canal Zone	E. A. Cleve	2,676	42	2	5	..	345
Queen's Hospital [1-3]	Honolulu, T. H.	H. L. Arnold, Sr.	2,957	140	4	8	3	150
St. Francis Hospital [1-3]	Honolulu, T. H.	T. S. Min	1,588	56	2	4	2	100
Bayamon District Hospital [1-3]	Bayamon, P. R.	E. Martinez	1,213	62	1	3	3	250
San Juan City Hospital [1-3]	San Juan, P. R.	R. S. Diaz Rivera	1,049	57	4	12	3	300
Veterans Admin. Hospital [1-3]	San Juan, P. R.	E. A. Ramirez	1,948	28	2	5	3	...

Numerical and other references will be found on pages 556 through 559.

9. MALIGNANT DISEASES

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and Hospitals.

Hospitals, 7; Assistant Residencies and Residencies, 25

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
NONFEDERAL							
City of Hope Medical Center [1-3]	Duarte, Calif.	H. R. Bierman	138	52	..	3	400
Presbyterian Hospital-Olmsted Memorial [1-3]	Los Angeles	H. M. Kersten	264	37	1	1	200
Michael Reese Hospital	Chicago	E. Uhlmann	883	67	2	2	...
Montefiore Hospital [1-3]	New York City	D. Laszlo	632	132	..	6	187
American Oncologic Hospital [1-3]	Philadelphia	J. W. Bransfield	995	12	5	5	250
Jeanes Hospital [1-3]	Philadelphia	J. W. Carnwath	3,241	60	6	6	150
University of Texas M. D. Anderson Hospital and Tumor Institute [1-3]	Houston, Texas	E. C. White	600	248	..	2	800

10. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering acceptable training in the specialty.

Hospitals, 106; Assistant Residencies and Residencies, 349

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Army Medical Center [1-3]	Washington, D. C.	G. J. Hayes	592	26	1	4	4	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center			....	..	..	..	3	....
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. G. Galbraith	1,001	53	..	2	..	108
Veterans Admin. Hospital [1-3-52]	Long Beach, Calif.	J. D. French	312	17	1	3	3	....
Los Angeles County Hospital [1-52]	Los Angeles	C. W. Rand	2,577	132	1	5	4	246
University of California Medical Center			....	..	..	..	4	....
University Hospital [1-3]	Los Angeles	W. E. Stern	448	28	1	4	..	198
Veterans Admin. Hospital [1-3]	Los Angeles	W. E. Stern	454	17	2	2	..	....
White Memorial Hospital [1-3]	Los Angeles	P. J. Vogel	456	29	1	3	4	150
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	E. B. Dewey-C. H. Sheldon	443	7	1	2	4	240
University of California Hospitals			....	..	..	..	4	....
Franklin Hospital [1-3]	San Francisco	H. A. Brown	709	6	1	2	..	200
University of California Hospital [1-3]	San Francisco	J. E. Adams	658	28	1	5	..	210
Veterans Admin. Hospital [1-3-79]	San Francisco	O. W. Jones, Jr.	163	14	..	2	..	....
University of Colorado Medical Center			....	..	..	..	4	....
Colorado General Hospital [1-3]	Denver	C. G. Freed	221	14	1	4	..	180
Denver General Hospital [1-3]	Denver	C. G. Freed	43	7	..	..	..	157
Veterans Admin. Hospital [1-3]	Denver	K. Welch	183	6	..	..	..	....
St. Francis Hospital [1-3]	Hartford, Conn.	R. C. Buckley	771	13	1	1	1	125
Grace-New Haven Community Hospital [1-3]-Hartford Hospital [1-3]	New Haven-Hartford, Conn.	W. J. German-W. B. Scoville	1,788	79	..	7	4	50
Georgetown University Affiliated Hospitals		O. H. Fulcher	....	..	..	..	4	....
Children's Hospital	Washington, D. C.		....	..	..	..	..	....
District of Columbia General Hospital	Washington, D. C.		....	..	..	..	..	....
University Hospital [1-3]	Washington, D. C.		276	15	1	2	..	175
George Washington University Affiliated Hospitals		J. W. Watts	....	..	..	..	3	....
Children's Hospital	Washington, D. C.		....	..	..	..	..	....
District of Columbia General Hospital	Washington, D. C.		....	..	..	..	..	....
University Hospital [1-3]	Washington, D. C.		....	..	..	..	..	....
Emory University Hospital [1-3]	Emory University, Ga.	E. F. Fincher	502	16	..	1	..	150
Loyola University (Stritch School of Medicine) Affiliated Hospitals		H. C. Voris	327	10	1	4	4	235
Mercy Hospital [1-3]	Chicago	H. C. Voris	....	..	..	..	4	....
Veterans Admin. Hospital [1-3]	Hines, Ill.	E. Oldberg-H. C. Voris	355	18	1	4	..	200
Northwestern University Medical Center			394	13	1	2	..	....
Chicago Wesley Memorial Hospital [1-3]	Chicago	P. C. Buey	....	..	..	..	4	....
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	475	10	..	3	4	125
Veterans Admin. Research Hospital [1]	Chicago	L. Davis	142	3	1	4	..	50
Evanston Hospital [1-3]	Evanston, Ill.	J. Tarkington	220	14	..	2	..	....
Presbyterian Hospital [1-3]	Chicago	A. Ver Brugghen	102	4	1	1	..	225
St. Luke's Hospital [1-3]	Chicago	E. Oldberg	267	17	1	2	3	125
University of Chicago Clinics [1-3]	Chicago	J. P. Evans	353	18	3	6	3	200
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	E. Oldberg	673	29	1	6	4	125
Indiana University Medical Center		R. F. Heimburger	418	32	1	3	4	....
Indiana University Medical Center Hospital [1]	Indianapolis		....	..	..	..	..	165
Veterans Admin. Hospital [1-3]	Indianapolis		....	..	..	..	..	....
State University of Iowa Hospitals [1-3]	Iowa City	R. Meyers	484	28	..	3	4	100
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Williamson	439	13	1	4	4	125
University of Louisville Affiliated Hospitals			....	..	..	..	4	....
Louisville General Hospital [1-3-141]	Louisville, Ky.	R. G. Spurling	645	47	1	3	..	83
Veterans Admin. Hospital [1-4]	Louisville, Ky.	E. Grantham	175	11	1	2	..	....
Charity Hospital of Louisiana Tulane University Unit [1]	New Orleans	D. H. Echols	306	11	..	1	1	200
Ochsner Foundation Hospital [1-146]	New Orleans	D. H. Echols	319	11	1	4	4	225
Johns Hopkins Hospital [1-3]	Baltimore	A. E. Walker	875	30	1	4	4	150
University Hospital [1-3]	Baltimore	J. G. Arnold	780	26	2	7	4	75
Boston City Hospital [1-3]	Boston	W. Wegner	284	16	1	5	4	112
Children's Medical Center [1-3]	Boston	F. D. Ingraham	442	..	..	4	4	43.33
Peter Bent Brigham Hospital [1-3]	Boston	F. D. Ingraham	Incl. in Surgery	..	..	4	..	42
Lahey Clinic [1-3-169]	Boston	G. Horrax	871	19	8	8	1	200
Massachusetts General Hospital [1-3]	Boston	J. C. White	882	..	2	5	4	67
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	J. H. Drew	305	31	..	..	..	....
New England Center Hospital [1-3]	Boston	B. Selverstone	226	8	1	4	4	100
University Hospital [1-3]	Ann Arbor, Mich.	E. A. Kahn	857	58	2	6	4	186
Grace Hospital [1-3]	Detroit	E. S. Gurdjian	1,176	31	1	3	4	275
Henry Ford Hospital [1-3]	Detroit	R. S. Knighton	414	25	2	5	4	225
University of Minnesota Hospitals [1-3-202]	Minneapolis	W. T. Peyton	488	13	1	6	4	185
Mayo Foundation [1-3]	Rochester, Minn.	J. G. Love	2,491	63	5	20	4	175
University Hospital	Jackson, Miss.	O. J. Andy	150	10	4	8	2	250
Barnes Hospital [1-3]	St. Louis	H. G. Schwartz	478	44	1	4	4	75
Dartmouth Medical School Affiliated Hospitals		R. G. Fisher	678	27	1	4	4	....
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.		....	..	..	..	..	....
Veterans Admin. Hospital [1-3]	White River Jct., Vt.		....	..	..	..	..	218

Numerical and other references will be found on pages 556 through 559.

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10. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Albany Hospital [1-8]	Albany, N. Y.	R. D. Whitfield	999	46	1	3	3	160
Kings County Hospital								
Division II [1-8]	Brooklyn, N. Y.	E. J. Browder	3,402	102	2	6	4	101
Buffalo General Hospital [1-8-239]	Buffalo	W. B. Hamby	519	22	1	3	4	175
Bellevue Hospital Center								
Div. IV—New York University Post-Graduate Medical School [206]	New York City	T. I. Hoen	250	27	2	8	3	71
Albert Einstein Medical Center			....	..	..	..	4	....
Bronx Municipal Hospital Center [1-8]	New York City	L. M. Davidoff	178	23	1	3	..	105
Montefiore Hospital	New York City		....	..	..	..	..	....
Mount Sinai Hospital [1-8]	New York City	S. W. Gross	310	26	..	2	3	75
New York Hospital [1-8]	New York City	B. S. Ray	301	..	..	2	4	206
Presbyterian Hospital [1-8]	New York City	J. L. Pool	725	27	6	9	4	250
St. Vincent's Hospital [1-8]	New York City	C. G. Gutierrez-Mahoney	978	23	1	4	3	125
Veterans Admin. Hospital [1-8-256]	New York City (Bronx)	J. E. Scarff	291	32	1	4	4	....
Strong Memorial—Rochester Municipal Hospitals [1-8]	Rochester, N. Y.	F. P. Smith	385	..	..	2	4	116.67
Duke University Affiliated Hospitals			....	..	..	..	4	....
Duke Hospital [1-8]	Durham, N. C.	B. Woodhall	1,219	22	1	5	..	127
Veterans Admin. Hospital	Durham, N. C.		....	..	..	..	..	....
North Carolina Baptist Hospital [1-8]	Winston-Salem, N. C.	E. Alexander, Jr.	659	41	1	3	4	125
University of Cincinnati College of Medicine Hospital Group		R. L. McLaurin	....	..	..	..	4	....
Christ Hospital [1]	Cincinnati	F. H. Mayfield	390	15	1	1	..	200
Cincinnati General Hospital [1-8]	Cincinnati	R. L. McLaurin	231	25	1	1	..	90
Good Samaritan Hospital [1-8]	Cincinnati	F. H. Mayfield	174	3	..	1	..	300
Cleveland Clinic Hospital [1-8]	Cleveland	W. J. Gardner	703	28	2	5	4	175
Western Reserve University Affiliated Hospitals			....	..	..	..	4	....
City Hospital [1-8-305]	Cleveland	B. M. Bloor	382	29	2	4	..	162.50
University Hospitals [1-8-305]	Cleveland	F. E. Nulsen	260	13	..	3	..	125
Veterans Admin. Hospital [1-8-309]	Cleveland	F. E. Nulsen	213	17	1	1	..	....
Ohio State University Hospitals			....	..	..	..	4	....
Children's Hospital [1-8]	Columbus, Ohio	M. P. Sayers	446	14	..	..	..	150
University Hospital [1-8]	Columbus, Ohio	H. E. LeFever	546	31	..	3	..	202
White Cross Hospital [1-8-313]	Columbus, Ohio	W. E. Hunt	891	33	1	4	..	200
University of Oklahoma Hospitals [1-8]	Oklahoma City	H. Wilkins	230	17	..	2	4	....
University of Oregon Medical School Affiliated Hospitals			....	..	..	..	4	....
Good Samaritan Hospital			....	..	..	..	..	....
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	G. M. Austin	615	18	1	2	..	100
Graduate Hospital of The University of Pennsylvania [1-8]	Philadelphia	R. A. Groff	496	24	1	3	4	100
Hahnemann Medical College and Hospital [1-8]	Philadelphia	A. K. Olsen	414	15	1	1	3	75
Hospital of the University of Pennsylvania [1-8]	Philadelphia	F. C. Grant	376	28	1	4	4	....
Jefferson Medical College Hospital [1-8]	Philadelphia	R. Jaeger	1,073	27	1	2	4	100
Temple University Hospital [1-8]	Philadelphia	M. Scott	742	14	1	4	4	....
Health Center Hospitals of The University of Pittsburgh								
School of Medicine [330]			....	..	..	..	4	....
Children's Hospital	Pittsburgh	J. F. Grunnagle	461	24	..	..	..	....
Presbyterian Hospital and Woman's Hospital	Pittsburgh	S. N. Rowe	1,488	48	1	4	..	175
Mercy Hospital [1-8]	Pittsburgh	F. H. Bragdon	501	17	1	3	3	235
Robert Packer Hospital [1-8]	Sayre, Pa.	A. B. King	579	18	1	1	1	200
University of Tennessee Medical Center Hospitals			....	..	..	..	4	....
Baptist Memorial Hospital [1-8]	Memphis, Tenn.	R. L. DeSaussure	1,063	24	1	4	..	200
City of Memphis Hospitals [1-8]	Memphis, Tenn.	E. Semmes	628	22	1	2	..	100
Vanderbilt University Hospital [1-8]	Nashville, Tenn.	W. F. Meacham	676	17	1	4	3	50
University of Texas Medical Branch Hospitals [1-8]	Galveston, Texas	S. R. Snodgrass	504	24	1	3	4	160
Baylor University College of Medicine Affiliated Hospitals			....	..	..	..	4	....
Jefferson Davis Hospital [1-8-353]	Houston, Texas	J. Greenwood	193	10	1	3	..	100
Methodist Hospital [1-8]	Houston, Texas	J. Greenwood, Jr.	704	28	..	3	..	100
Veterans Admin. Hospital [1-8-361]	Houston, Texas	J. W. Robertson	379	28	3	5	..	....
University of Virginia Hospitals			....	..	..	..	4	....
University of Virginia Hospital [1-8]	Charlottesville, Va.	W. G. Crutchfield	819	6	1	4	..	50
Veterans Admin. Hospital [1-8]	Richmond, Va.	J. L. Ulmer	339	9	..	2	..	....
Medical College of Virginia—Hospital Division [1-8]	Richmond, Va.	J. M. Meredith	896	39	1	4	4	75
University of Washington Affiliated Hospitals			....	..	..	..	4	....
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	A. A. Ward, Jr.	413	52	1	4	..	237
Veterans Admin. Hospital [1-8]	Seattle	J. W. Bell	179	18	1	1	..	....
University Hospitals [1-8]	Madison, Wis.	T. C. Erickson	379	36	1	4	4	100

11. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc. should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)

Hospitals, 67; Assistant Residencies and Residencies, 291

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-3]	Washington, D. C.	J. F. Hammill	480	1	2	6	....
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	M. Feld	530	41	1	3	....
Los Angeles County Hospital [1]	Los Angeles	J. M. Nielsen	3,738	322	1	3	246
University of California Hospital [1-8]	Los Angeles	J. S. Lawrence	26	....	1	3	198
Veterans Admin. Hospital [1-8]	Los Angeles	R. Baker	414	10	1	4	....
Stanford University Hospitals [1-8]	San Francisco	H. Newman	245	....	1	1	80
University of Colorado Medical Center							
Colorado General Hospital [1-8]	Denver	L. E. Daniels	156	10	2	4	180
Denver General Hospital [1-3]	Denver	L. E. Daniels	53	2	..	..	157
Veterans Admin. Hospital [1-8]	Denver	W. V. Huber	563	35	1	2	....
Grace-New Haven Community Hospital [1-8]	New Haven, Conn.	G. H. Glaser	500	....	1	3	150
Georgetown University Hospital [1-8]	Washington, D. C.	F. M. Forster	162	3	1	3	175
George Washington University Hospital [1-8]	Washington, D. C.	J. W. Watts	....	....	..	..	....
Veterans Admin. Hospital [1-8-106]	Washington, D. C.	H. F. Corson	319	3	2	4	....
Jackson Memorial Hospital [1-8]	Miami, Fla.	P. Scheinberg	456	35	2	5	200

Numerical and other references will be found on pages 556 through 559.

11. NEUROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Northwestern University Medical Center [1-3-38S]	Chicago	B. Boshes	436	5	3	9	236
Chicago Wesley Memorial Hospital [1-3]	Chicago	B. Boshes	240	3	1	1	125
St. Luke's Hospital [1-3]	Chicago	R. Mackay	118	...	1	3	125
University of Chicago Clinics [1-3]	Chicago	R. B. Richter	265	7	1	3	200
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	E. Oldberg	Incl. in Neurosurg.		..	..	...
Veterans Admin. Hospital [1]	Hines, Ill.	E. Tigay	1,164	44	4	4	...
Indiana University Affiliated Hospitals							
Indianapolis General Hospital [1]	Indianapolis	D. Schuster	252	39	1	1	205
Indiana University Medical Center Hospital [1]	Indianapolis	A. T. Ross	....	...	2	6	165
State University of Iowa Hospitals [1-3-24-39]	Iowa City	A. L. Suhs	1,111	20	2	4	140
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. T. Steegmann	211	1	1	3	125
Veterans Admin. Hospital [1]	Kansas City, Mo.		317	25	..	..	...
University of Louisville Affiliated Hospitals							
Louisville General Hospital [1-3]	Louisville, Ky.	E. Roseman	810	65	1	3	131
Veterans Admin. Hospital [1-3-143]	Louisville, Ky.	A. B. Williamson, Jr.	188	18	1	2	....
Charity Hospital of Louisiana							
Tulane University Unit [1]	New Orleans	R. G. Heath	633	14	1	3	100
Baltimore City Hospital [1-3]	Baltimore	J. W. Magladery	810	53	2	3	50
Johns Hopkins Hospital [1-3]	Baltimore	J. W. Magladery	Incl. in Int. Med.		2	2	150
University Hospital [1-3]	Baltimore	C. Van Buskirk	158	17	2	4	75
Boston City Hospital [1-3]	Boston	D. E. Denny-Brown	362	12	4	9	112
Massachusetts General Hospital [1-3]	Boston	R. D. Adams	725	...	4	5	67
New England Center Hospital [1-3]	Boston	J. F. Sullivan	332	5	3	6	100
Veterans Admin. Hospital [1-3-182]	Boston (Jamaica Plain)	F. A. Quadfasel	890	13	4	10	...
University Hospital [1-3-189]	Ann Arbor, Mich.	R. N. DeJong	831	18	4	14	154
Henry Ford Hospital [1-3]	Detroit	L. D. Proctor	379	14	1	3	225
University of Minnesota Hospitals							
Minneapolis General Hospital [1-3]	Minneapolis	H. H. Noran	471	60	2	4	209
University Hospital [1-3-208]	Minneapolis	A. B. Baker	543	15	2	6	185
Veterans Admin. Hospital [1-3]	Minneapolis	R. C. Gray	550	15	2	2	....
Mayo Foundation [1-3]	Rochester, Minn.	L. M. Eaton	3,040	38	4	12	175
Barnes Hospital [1-3]	St. Louis	J. L. O'Leary	714	15	1	3	75
Albany Hospital [1-3]	Albany, N. Y.	F. Hesser	419	12	1	4	160
Kings County Hospital							
Division II [1-3]	Brooklyn, N. Y.	A. M. Rabiner	1,740	69	2	4	104
Bellevue Hospital Center							
Div. II—Cornell University [1-3-260]	New York City	F. McDowell	403	14	2	5	105
Div. III—New York University College of Medicine	New York City	M. Bender	735	48	6	12	105
Bronx Municipal Hospital Center [1-3]	New York City	S. R. Korey	192	22	2	6	105
Montefiore Hospital [1-3]	New York City	T. Lawyer	522	42	3	6	187
Mount Sinai Hospital [1-3]	New York City	M. B. Bender	1,021	36	5	13	75
New York Hospital [1-3]	New York City	H. G. Wolf	Incl. in Int. Med.		1	1	104
Presbyterian Hospital (Neurological Institute) [1]	New York City	H. H. Merritt	3,121	43	10	15	250
Veterans Admin. Hospital [1-3]	New York City (Bronx)	H. L. Flowers	518	17	1	3	...
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	T. W. Farmer	335	9	2	6	150
Duke University Hospital [1-3]	Durham, N. C.	E. C. Kunkle	291	4	2	5	102
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. L. Masland	551	9	1	3	125
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-3]	Cincinnati	C. Aring	132	68	2	6	125
University Hospital [1-3]	Cleveland	C. T. Randt	240	32	2	5	125
Hospital of the University of Pennsylvania [1-3]	Philadelphia	G. Gammon	455	2	3	8	...
Jefferson Medical College Hospital [1-3]	Philadelphia	B. J. Alpers	662	12	2	4	100
Philadelphia General Hospital [1]	Philadelphia	A. Ornsteen	1,213	142	3	6	121
Baylor University College of Medicine Affiliated Hospitals		W. S. Fields	....	...	..	..	...
Jefferson Davis Hospital	Houston, Texas		81	3	2	2	75
Methodist Hospital [1-3]	Houston, Texas		119	...	..	1	100
Veterans Admin. Hospital [1-3]	Houston, Texas		426	22	2	4	...
Veterans Admin. Hospital [1-3-359]	Richmond, Va.	A. Davis	370	6	1	3	...
University of Washington Affiliated Hospitals							
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	F. Plum	806	108	1	5	125
Veterans Admin. Hospital [1-3]	Seattle	M. H. Johnson	168	14	1	1	....
University Hospitals [1-3]	Madison, Wis.	H. Reese	Incl. in Psychiatry		2	4	100

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)

Hospitals, 18; Assistant Residencies and Residencies, 33

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. E. Nardini	571	...	1	2	...
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
Children's Hospital [1-3]	Birmingham, Ala.	W. S. Littlejohn	55	...	...	..	108
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	W. S. Littlejohn	55	...	1	1	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	J. Tucker	107	3	..	..	...
Veterans Admin. Hospital [1-3]	Oakland, Calif.	J. K. Smith	138	28	1	3	...
University of California Hospital [1-3]	San Francisco	R. B. Aird	453	5	1	3	210
Veterans Admin. Hospital [1-3]	San Francisco	H. W. Newman	200	2	1	3	...
Veterans Admin. Hospital [1-3]	West Haven, Conn.	L. L. Levy	241	5	..	1	...
District of Columbia General Hospital [1-3]	Washington, D. C.	F. M. Forster-H. Scvens	654	15	2	4	233
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	R. Paddison	532	6	1	3	100
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	L. V. Lyons	566	34	1	3	194
Cleveland Clinic Hospital [1-3]	Cleveland	G. H. Williams	117	2	1	2	175
Ohio State University Hospitals							
University Hospital [1-3]	Columbus, Ohio	D. M. Palmer	Incl. in Int. Med.		..	1	252
University of Oregon Medical School Hospitals							
and Clinics [1-227]	Portland, Ore.	R. L. Swank	383	32	1	2	100
Veterans Admin. Hospital [1-3-310]	Pittsburgh	E. Youngue	393	13	1	1	...
Veterans Admin. Hospital [1-3]	Salt Lake City	M. H. Thomas	139	11	1	2	...
University of Vermont Affiliated Hospitals		G. A. Schumacher	569	5	1	3	250
DeGoesbriand Memorial Hospital	Burlington, Vt.		....	...	..	..	...
Mary Fletcher Hospital	Burlington, Vt.		....	...	..	..	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. O. Klingman	Incl. in Psychiatry		1	2	50

Numerical and other references will be found on pages 556 through 559.

11. NEUROLOGY—Continued

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)
Hospitals, 26; Assistant Residencies and Residencies, 53

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-3]	San Francisco	W. Porter	202	...	1	3	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	Philadelphia	J. F. McMullin	227	...	1	1	...
UNITED STATES PUBLIC HEALTH SERVICE							
National Institutes of Health-Clinical Center [1-3]	Bethesda, Md.	M. Shy	195	2	..	7	...
NONFEDERAL AND VETERANS ADMINISTRATION							
White Memorial Hospital [1-3]	Los Angeles	L. B. Mann	122	3	1	1	150
Cook County Hospital [1-3]	Chicago	I. C. Sherman	227	6	2	2	100
Veterans Admin. Hospital [1-3]	Iowa City	M. W. Van Allen	204	32	1	1	...
Veterans Admin. Hospital [1-3]	Topeka, Kan.	M. R. Shaver	301	4	1	1	...
Veterans Admin. Hospital [1-3]	Omaha	F. A. Majka	248	18	1	2	...
Veterans Admin. Hospital [1-3]	East Orange, N. J.	W. O. Howard	153	26	2	4	...
Bergin Pines County Hospital [1-3]	Paramus, N. J.	S. A. Sandler	221	18	1	1	200
Veterans Admin. Hospital [1-3]	Albany, N. Y.	J. H. Cullets	308	17	1	1	...
Jewish Chronic Disease Hospital [1-3]	Brooklyn, N. Y.	A. M. Rabiner	530	31	3	3	175
Veterans Admin. Hospital [1-3-283]	Brooklyn, N. Y.	M. N. Margulies	242	23	1	1	...
Buffalo General Hospital [1-3]	Buffalo	I. Hyman	168	4	1	2	175
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	B. H. Smith	224	5	1	2	248
Fordham Hospital [1-3]	New York City	J. H. Friedman	94	3	1	1	157
Goldwater Memorial Hospital (New York University) Division III	New York City	I. S. Freiman	290	8	1	3	164
Lenox Hill Hospital [1-3]	New York City	A. Bell	119	6	1	1	180
New York Medical College—Metropolitan Medical Center Metropolitan Hospital [1-3]	New York City	I. Tarlov	19	...	2	2	157
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	D. Philpot	279	12	4	8	...
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Tornay	376	10	2	3	...
Medical College of So. Carolina Teaching Hospitals [1]	Charleston, S. Car.	O. R. Talbert	116	2	1	2	200
City of Memphis Hospitals [1-3]	Memphis, Tenn.	N. Gotten	...	...	1	1	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	T. Harris	Incl. in Psychiatry		1	1	160

12. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Obstetrics and Gynecology, as offering acceptable training in the specialty.
Hospitals, 483; Assistant Residencies and Residencies, 3,436

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital [1-3]	San Francisco	E. Zimmerman	OBG	3,255	2	2	6	3	...
Fitzsimons Army Hospital [1-3]	Denver	J. H. Smith	OBG	1,858	37	2	6	3	...
Army Medical Center [1-3]	Washington, D. C.	H. L. Riva	OBG	3,521	11	3	9	3	...
William Beaumont Army Hospital	El Paso, Texas	A. K. Schoenbucher	OBG	1,809	19	2	6	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	J. W. Simpson	OBG	3,121	5	2	6	3	...
Madigan Army Hospital	Tacoma, Wash.	J. J. Young	OBG	3,343	18	2	4	3	...
Tripler Army Hospital [1]	Honolulu, T. H.	J. P. Moran	OBG	2,277	1	2	6	3	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-3]	Oakland, Calif.	R. W. Tandy	OBG	3,923	3	3	9	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	W. S. Baker, Jr.	OBG	7,431	7	3	9	3	...
U. S. Naval Hospital [1-3]	Great Lakes, Ill.	R. A. Christenson	OBG	3,455	1	2	6	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. W. Huston	OBG	3,445	..	2	6	3	...
U. S. Naval Hospital [1]	Chelsea, Mass.	M. A. Godinez	OBG	15,051	15	2	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	R. B. Greenman	OBG	2,329	..	2	6	3	...
U. S. Naval Hospital [1]	Philadelphia	H. J. Hunter	OBG	2,746	3	1	3	3	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	D. A. Callagan	OBG	6,963	5	3	9	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-4]	Washington, D. C.	J. W. Ross	OBG	4,290	4	2	6	2	218
NONFEDERAL AND VETERANS ADMINISTRATION									
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	T. M. Boulware	OB	2,657	1	1	1	1	250
University of Alabama Medical Center University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	W. N. Jones	OBG	6,659	7	2	6	3	108
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	O. T. West	OBG	1,805	..	1	3	3	225
Good Samaritan Hospital [1]	Phoenix, Ariz.	C. Van Epps	OBG	4,544	4	1	2	1	250
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	P. Windrow	OBG	1,540	..	1	2	1	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	R. Jennett	OBG	5,770	2	1	3	3	300
University Hospital [1]	Little Rock, Ark.	W. E. Brown	OBG	3,290	8	6	15	3	150
Kern County General Hospital [1]	Bakersfield, Calif.	R. L. Wilkening	OBG	2,848	4	2	5	2	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	F. E. Younge	OBG	2,692	2	1	1	1	175
San Joaquin General Hospital [1]	French Camp, Calif.	D. Harrington	OBG	1,488	2	1	3	3	200
General Hospital of Fresno County [1-3]	Fresno, Calif.	H. L. Tieche	OBG	2,683	7	1	3	3	300
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	J. B. Brown	OBG	2,655	2	1	2	2	...
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	L. R. Hill	OB	3,369	..	1	1	1	235
California Hospital [1-3-60]	Los Angeles	G. W. Hewitt- J. F. Nolan	OBG	3,747	2	4	10	3	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	L. Krohn- G. Rosenblum	OBG	4,275	1	2	4	3	250
Hospital of the Good Samaritan [4]	Los Angeles	P. A. Reynolds	OBG	3,448	5	1	3	3	225

Numerical and other references will be found on pages 556 through 559.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Kaiser Foundation Hospital [1-3]	Los Angeles	T. H. Baker	OBG	5,624	1	3	9	3	225
Los Angeles County Hospital [1]	Los Angeles	B. J. Hanley	OBG	23,695	39	4	16	3	246
Presbyterian Hospital—Olmsted Memorial [1-3]	Los Angeles	R. R. Herren-H. Lusk	OBG	2,815	..	2	5	3	200
Queen of Angels Hospital [1-3]	Los Angeles	R. F. Kelly	OBG	5,843	..	2	6	3	200
University of California Hospital [1-3]	Los Angeles	D. G. Morton	OBG	621	2	2	8	3	198
White Memorial Hospital [1-3]	Los Angeles	E. E. Nichols	OBG	2,468	3	1	4	3	150
Highland-Alameda County Hospital [1-35]	Oakland, Calif.	G. F. Calvin	OBG	3,861	8	2	6	3	200
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	R. W. King	OBG	4,061	6	3	9	3	265
Mercy Hospital [1-3]	San Diego, Calif.	P. L. Martin	OBG	6,547	1	1	4	3	200
San Diego County General Hospital [1-3]	San Diego, Calif.	J. A. Rust	OBG	1,252	4	1	2	2	175
Children's Hospital [1-3]	San Francisco	D. A. Dallas	OBG	2,751	7	2	4	3	150
Kaiser Foundation Hospital [1-3]	San Francisco	H. B. Nelson	OBG	3,606	6	2	6	3	265
Mary's Help Hospital [1-3]	San Francisco	C. L. Cooley	OBG	2,564	..	1	2	2	200
St. Francis Memorial Hospital [1-3]	San Francisco	C. D. Hart	OBG	2,445	1	3	3	1	400
St. Joseph's Hospital [1-3]	San Francisco	H. Von Geldern	OBG	1,869	..	1	1	1	300
St. Luke's Hospital [1-3]	San Francisco	J. Upton	OBG	1,836	..	1	3	2	200
St. Mary's Hospital [1-3]	San Francisco	P. H. Arnot	OBG	2,583	1	1	3	3	150
San Francisco Hospital University of California Service [1-3]	San Francisco	E. C. Hill	OBG	1,425	26	2	3	1	195
Stanford University Affiliated Hospitals	San Francisco		OBG	....	..	..	..	3	...
San Francisco Hospital-Stanford University Service [1-3]	San Francisco	K. L. Schaupp, Jr.	.....	1,421	17	1	3	..	195
Stanford University Hospitals [1-3]	San Francisco	C. E. McLennan		2,023	2	4	11	..	80
University of California Hospital [1-3]	San Francisco	E. W. Page	OBG	2,394	5	2	9	3	210
Santa Clara County Hospital [1-3]	San Jose, Calif.	J. C. Muir	OBG	1,826	6	2	6	3	200
St. John's Hospital [1]	Santa Monica, Calif.	B. H. Watson	OBG	5,254	3	2	2	2	200
Harbor General Hospital [1]	Torrance, Calif.	D. G. Morton	OBG	3,210	10	2	6	3	246
Presbyterian Hospital [1-3]	Denver	M. C. Waddell	OBG	3,166	1	1	2	1	225
St. Joseph's Hospital [1-3]	Denver	W. W. Tucker	OBG	4,155	1	1	3	3	200
University of Colorado Medical Center			OBG	1,799	6	3	9	3	180
Colorado General Hospital [1-3]	Denver	E. S. Taylor	.....	....	..	..	..	..	...
Denver General Hospital [1-3]	Denver	N. P. Isbell	.....	....	..	..	..	..	...
Bridgeport Hospital [1-3]	Bridgeport, Conn.	C. E. Hughes	OB	3,236	..	1	2	1	240
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	F. Kinder	OB	3,697	2	2	4	2	300
Hartford Hospital [1-3]	Hartford, Conn.	L. F. Middlebrook	OBG	8,553	5	1	3	3	100
St. Francis Hospital [1-3]	Hartford, Conn.	F. X. Fagan	OBG	4,919	6	1	3	3	125
New Britain General Hospital [1-3]	New Britain, Conn.	D. A. Bristol	OBG	3,112	.	1	3	3	210
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	C. L. Buxton-J. A. Fiorito	OBG	6,877	7	4	12	3	50
Hospital of St. Raphael [3]	New Haven, Conn.	C. E. Johnson	OBG	4,994	3	2	5	3	150
Lawrence and Memorial Hospitals [1-3]	New London, Conn.	E. H. Blank	OBG	2,772	3	3	3	1	250
Norwalk Hospital [1-3]	Norwalk, Conn.	G. V. Gorham	OBG	2,992	3	1	1	1	195
Delaware Hospital [1-3]	Wilmington, Del.	S. W. Rennie	OBG	4,587	4	1	2	2	220
Columbia Hospital for Women and Lying-in Asylum [1-3]	Washington, D. C.	S. W. Hawken-H. J. R. McNitt	OBG	7,418	4	3	9	3	150
District of Columbia General Hospital [1-3]	Washington, D. C.	J. Parks-A. Marchetti	OBG	8,081	5	3	8	3	233
Doctor's Hospital [1-3]	Washington, D. C.	J. K. Cromer	OBG	2,769	1	1	2	2	150
Georgetown University Hospital [1-3]	Washington, D. C.	A. A. Marchetti	OBG	4,890	2	3	7	3	175
George Washington University Hospital [1-3]	Washington, D. C.	J. Parks	OBG	6,462	10	2	5	3	150
Providence Hospital [1-3]	Washington, D. C.	G. Ellis	OBG	3,344	1	1	4	3	350
Washington Hospital Center Garfield Memorial Hospital [1-3]	Washington, D. C.	W. D. Terrell-H. P. Ramsey	OBG	4,528	5	..	..	3	215
Duval Medical Center [1-3]	Jacksonville, Fla.	R. W. McDowell-D. M. Baldwin	OBG	2,582	3	2	4	3	150
St. Luke's Hospital [1-3]	Jacksonville, Fla.	R. W. McDowell	OBG	3,288	1	2	4	2	325
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	E. F. McCall-C. V. Hughes	OBG	5,381	2	2	6	3	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	J. H. Ferguson	OBG	7,651	12	5	13	3	75
Mount Sinai Hospital of Greater Miami [1-3]	Miami Beach, Fla.	H. Kraff	OBG	1,308	3	1	2	2	250
St. Francis Hospital [1-3]	Miami Beach, Fla.	J. A. Heffernan	OBG	2,502	..	1	1	1	200
Orange Memorial Hospital [1-3]	Orlando, Fla.	F. M. Parish-C. J. Collins	OBG	4,207	3	1	3	3	325
Mound Park Hospital [1-3]	St. Petersburg, Fla.	J. Pilkington	OBG	2,916	..	1	1	1	200
Tampa General Hospital [1-3]	Tampa, Fla.	C. G. Rorebeck	OBG	2,789	20	1	3	3	250
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	R. K. Hancock	OBG	8,050	4	5	9	3	285
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	E. J. Colvin	OBG	5,814	2	3	6	3	305
Grady Memorial Hospital [1-3]	Atlanta, Ga.	J. B. Cross	OBG	9,210	42	5	15	3	100
Piedmont Hospital [1]	Atlanta, Ga.	C. B. Upshaw	OBG	1,887	..	1	1	2	225
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	W. V. Skiles	OBG	2,877	..	1	3	2	270
University Hospital [1-3]	Augusta, Ga.	W. G. Watson	OBG	4,206	1	2	6	3	300
Memorial Hospital of Chatham County [1-3]	Savannah, Ga.	M. M. Schneider	OBG	873	2	1	3	2	350
Augustana Hospital [1-3]	Chicago	W. A. Boice	OB	1,338	14	2	2	1	150
Chicago Maternity Center [1-3-110]	Chicago	B. E. Tucker-H. B. Benaron	OB	4,129	..	3	11	1	150
Cook County Hospital [1-3]	Chicago	A. Webster-F. H. Falls	OBG	26,389	29	8	19	3	100
Englewood Hospital [3]	Chicago	C. D. Krause	OB	1,792	..	1	1	1	200
Frank Cuneo Memorial Hospital [3]	Chicago	A. Daro-H. O. Maryan	OBG	2,144	4	1	1	1	150
Grant Hospital [1]	Chicago	J. P. Fitz-Gibbons	OBG	2,089	2	1	3	2	225
Hospital of St. Anthony De Padua [1-3]	Chicago	J. J. Donlon	OB	1,779	1	2	2	1	250
Illinois Masonic Hospital [1-3]	Chicago	F. J. Roos	OBG	2,924	2	2	3	1	115
Lewis Memorial Maternity Hospital [1-3]	Chicago	H. E. Schmitz	OBG	3,758	45	4	14	3	75
Lutheran Deaconess Home and Hospital [3]	Chicago	A. D. Greer	OB	1,503	1	2	2	1	200
Mercy Hospital [1-3-118]	Chicago	H. E. Schmitz	OBG	2,154	8	1	4	3	200
Michael Reese Hospital	Chicago	L. Frankenthal	OBG	4,361	1	2	6	3	100
Mount Sinai Hospital [1-3]	Chicago	C. Fields	OBG	3,396	5	2	6	3	125
Northwestern University Medical Center Chicago Wesley Memorial Hospital [1-3]	Chicago	G. Gardner	OBG	3,156	5	2	7	3	125
Passavant Memorial Hospital [1-3]	Chicago	J. I. Brewer	OBG	2,102	1	2	4	3	50
Evanston Hospital [1-3]	Evanston, Ill.	D. N. Danforth	OBG	2,921	2	1	3	3	225
Presbyterian Hospital [1-3]	Chicago	H. Boysen	OBG	2,761	4	3	7	3	125
Provident Hospital [1-3]	Chicago	R. C. Stepto	OBG	3,211	21	2	5	3	200
Ravenswood Hospital	Chicago	W. G. Rurik	OBG	1,913	1	2	2	1	100
St. Anne's Hospital [1]	Chicago	R. J. Hawkins	OB	4,499	1	6	6	1	250
St. Elizabeth Hospital [3]	Chicago	F. J. Walsh	OBG	3,565	..	3	3	2	200
St. Joseph Hospital [1-3]	Chicago	C. J. Geiger	OBG	1,927	1	1	3	3	200
St. Luke's Hospital [1-3]	Chicago	E. A. Edwards	OBG	2,598	5	2	6	3	125
Swedish Covenant Hospital [1-3]	Chicago	G. L. Rosene	OB	1,939	..	2	2	1	200
University of Chicago Clinics [1-3]	Chicago	M. E. Davis	OBG	5,370	17	14	23	3	200
Billings Hospital	Chicago								
Chicago Lying-In Hospital and Dispensary	Chicago								

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Numerical and other references will be found on pages 556 through 559.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
University of Illinois Research and Educational Hospitals [1-3]	Chicago	W. F. Mengert	OBG	3,782	10	4	10	3	125
St. Francis Hospital [1]	Evanston, Ill.	J. X. Bremner	OBG	1,474	4	1	3	3	175
Little Company of Mary Hospital	Evergreen Park, Ill.	P. E. Lawler- W. T. Carlisle	OBG	6,456	..	3	9	3	175
West Suburban Hospital [2]	Oak Park, Ill.	F. H. Falls	OBG	3,960	1	3	4	2	225
Methodist Hospital of Central Illinois [2]	Peoria, Ill.	R. W. Brandes	OB	3,363	1	2	2	1	200
St. Francis Hospital [1-3]	Peoria, Ill.	E. P. Burt	OBG	4,690	..	1	2	2	225
St. Anthony Hospital [1-3]	Rockford, Ill.	G. T. Burns	OBG	2,038	..	1	1	1	200
Indiana University Medical Center			OBG	4,096	87	4	16	..	..
Indianapolis General Hospital [1]	Indianapolis	C. F. Gillespie	....	....	..	..	..	3	205
Indiana University Medical Center Hospital [1]	Indianapolis	C. P. Huber	....	....	..	..	..	3	165
Methodist Hospital [1]	Indianapolis	J. H. Hawk	OBG	9,006	1	1	3	3	278
St. Vincent's Hospital [1-3]	Indianapolis	P. F. Muller	OBG	3,733	..	1	3	3	275
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	F. W. Peyton	OBG	2,489	3	2	3	2	225
State University of Iowa Hospitals [1-3]	Iowa City	J. H. Randall	OBG	2,722	8	3	9	3	140
University of Kansas Medical Center [1-3]	Kansas City, Kan.	L. A. Calkins	OBG	2,909	9	2	8	3	125
St. Francis Hospital [1-3]	Wichita, Kan.	E. G. Anderson	OBG	1,629	..	2	2	1	275
Wesley Hospital [1-3]	Wichita, Kan.	F. E. Nyberg	OBG	5,254	2	1	1	1	225
St. Joseph Hospital [1-3]	Lexington, Ky.	J. B. Smith	OBG	1,322	1	1	1	1	200
Louisville General Hospital [1-3-137]	Louisville, Ky.	W. O. Johnson	OBG	3,879	3	3	9	3	105
St. Joseph Infirmary [1-3]	Louisville, Ky.	E. R. Cadden	OBG	4,237	5	1	3	3	210
Charity Hospital of Louisiana									
Independent Unit [1]	New Orleans	A. Jacobs	OBG	5,114	3	3	9	3	100
Louisiana State University Unit [1]	New Orleans	M. L. McCall	OBG	8,565	7	5	14	3	100
Tulane University Unit [1]	New Orleans	C. G. Collins	OBG	7,322	7	5	14	3	100
Hotel Dieu [1]	New Orleans	M. J. St. Romain	OBG	4,107	2	2	2	1	225
Ochsner Foundation Hospital [1-147]	New Orleans	C. Tyrone	OBG	4,791	..	2	6	3	225
Southern Baptist Hospital [1-3-149]	New Orleans	F. O. Brumfield	OBG	6,060	6	2	6	3	225
Touro Infirmary [1]	New Orleans	W. E. Levy- C. G. Johnson	OBG	3,947	5	2	6	3	125
Confederate Memorial Medical Center [1]	Shreveport, La.	E. E. Dilworth	OBG	6,205	3	3	9	3	125
Baltimore City Hospitals [1-3]	Baltimore	P. E. Mohnuphy	OBG	6,538	23	6	18	3	50
Bon Secours Hospital [3]	Baltimore	H. B. McNally-E. Novak	OBG	3,455	3	1	4	3	285
Church Home and Hospital [1-3]	Baltimore	J. K. B. E. Seegar, Jr.	OB	1,185	..	..	1	1	200
Franklin Square Hospital [1-3]	Baltimore	I. A. Siegel	OBG	1,496	2	2	5	3	225
Hospital for Women [1-3]	Baltimore	J. E. Savage-L. Brady	OBG	5,223	5	6	11	3	200
Johns Hopkins Hospital [1-3]	Baltimore	N. J. Eastman- R. W. Te Linde	OBG	6,509	21	12	23	3	150
Lutheran Hospital [1-4]	Baltimore	W. N. Long, Jr.- W. K. Diehl	OBG	3,337	..	3	7	3	220
Maryland General Hospital [1-3]	Baltimore	D. M. Dixon- J. D. Woodruff	OBG	2,496	..	2	6	3	225
Mercy Hospital [1-3]	Baltimore	J. J. Erwin- F. K. Morris	OBG	4,086	1	2	5	3	275
Provident Hospital and Free Dispensary [3]	Baltimore	W. B. Butler	OB	1,040	..	2	3	1	200
St. Agnes Hospital [1-3]	Baltimore	J. C. Dumpler- H. B. McNally	OBG	2,682	3	2	5	3	260
St. Joseph's Hospital [3]	Baltimore	J. B. Boyle, Jr.- W. A. Dodd	OBG	2,452	2	2	4	3	225
Sinai Hospital [1-3]	Baltimore	I. A. Siegel- A. A. Sondheimer	OBG	5,277	6	4	10	3	110
South Baltimore General Hospital [1-3]	Baltimore	H. A. Beck	OB	1,020	..	3	6	2	180
Union Memorial Hospital [1-156]	Baltimore	T. M. Haws	OBG	2,187	1	1	3	3	215
University Hospital [1-4]	Baltimore	A. L. Haskins	OBG	4,692	9	6	15	3	75
Prince George's General Hospital [1-3]	Cheverly, Md.	J. F. Warren	OBG	3,223	1	2	6	3	200
Beth Israel Hospital [1-4]	Boston	H. H. Rosenfield	OB	2,850	6	2	2	2	58
Boston City Hospital [1-3]	Boston	R. Tenney, Jr.	OBG	5,521	4	7	16	3	112
Boston Lying-In Hospital [1-161]	Boston	D. E. Reid	OB	7,027	2	8	16	3	100
Carney Hospital [3]-St. Margaret's Hospital [1-3]	Boston	R. J. Heffernan- D. J. McSweeney	OBG	5,171	2	4	8	3	150
Massachusetts Memorial Hospitals [1-3-172]	Boston	L. Parsons	OBG	1,776	1	4	8	3	100
New England Hospital [1-3]	Boston	W. A. Phillips	OB	1,464	..	2	3	2	75
St. Elizabeth's Hospital [1-3]	Boston	W. J. McDonald	OBG	4,807	1	2	4	3	125
Booth Memorial Hospital [1-3]	Brookline, Mass.	S. C. Kasdon	OB	652	..	2	2	1	200
Free Hospital for Women [1-3]	Brookline, Mass.	G. V. S. Smith	GYN	2,719	13	4	12	3	100
Cambridge City Hospital [1-3]	Cambridge, Mass.	P. P. McGovern	OBG	2,357	3	1	3	3	160
St. Anne's Hospital	Fall River, Mass.	E. F. Shay	OBG	1,975	2	1	1	1	200
Quincy City Hospital [1-3]	Quincy, Mass.	T. J. Slomkowski	OBG	2,956	2	1	2	2	163
St. Joseph Mercy Hospital	Ann Arbor, Mich.	W. Belser	OBG	2,600	2	2	4	3	275
University Hospital [1-3]	Ann Arbor, Mich.	N. F. Miller	OBG	4,332	58	3	12	3	154
Oakwood Hospital [1-3]	Dearborn, Mich.	M. S. Bemis	OBG	15,015	143	1	3	2	250
Crittenton General Hospital [1-3]	Detroit	H. B. Gaston	OBG	4,040	..	2	6	3	250
Detroit Memorial Hospital [1-3]	Detroit	H. F. Jarvis	OBG	2,259	4	1	4	3	275
Evangelical Deaconess Hospital [1-3]	Detroit	L. Braun	OBG	1,357	..	2	2	1	307
Grace Hospital [1-3]	Detroit	L. E. Bauer	OBG	8,674	1	4	12	3	275
Harper Hospital [1-4-195]	Detroit	H. C. Mack	OBG	5,132	4	3	7	3	225
Henry Ford Hospital [1-3]	Detroit	C. P. Hodgkinson	OBG	3,626	6	4	8	3	225
Mount Carmel Mercy Hospital [1-3]	Detroit	J. W. Pichette	OBG	8,874	5	3	12	3	275
Providence Hospital [1]	Detroit	H. Henderson	OBG	4,595	3	2	6	3	275
St. John Hospital [1-3]	Detroit	J. Ottaway	OBG	5,327	..	1	3	1	275
St. Joseph Mercy Hospital [1]	Detroit	J. E. Clifford- G. E. Rosgers	OBG	2,747	..	1	3	3	310
Sinai Hospital [1-3]	Detroit	E. D. Rothman	OBG	3,407	4	2	4	2	275
Wayne University Affiliated Hospitals			OBG	....	..	..	..	3	....
Herman Kiefter Hospital [1-3]	Detroit	C. S. Stevenson	....	5,703	1	2	4	..	290
Receiving Hospital [1-3-195]	Detroit	C. S. Stevenson	....	872	15	4	12	..	280
Woman's Hospital [1-3]	Detroit	C. Shelton-H. M. Nelson	OBG	6,201	5	2	6	3	475
Hurley Hospital [1-3]	Flint, Mich.	I. H. Gutow	OBG	4,355	9	1	3	2	325
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	W. W. Jack	OBG	3,448	7	1	2	2	275
Butterworth Hospital [1-3]	Grand Rapids, Mich.	E. Y. Postma	OBG	9,263	11	2	6	3	300
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	R. Nanzig	OBG	4,188	2	1	2	3	250
Highland Park General Hospital [1]	Highland Park, Mich.	R. S. Siddall	OBG	3,101	..	1	3	3	308
Borgess Hospital [1]	Kalamazoo, Mich.	E. F. Hersey	OBG	2,541	..	1	2	1	275
Pontiac General Hospital [1-3]	Pontiac, Mich.	H. A. Furlong	OBG	4,612	5	1	3	3	325
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	R. Adair	OBG	3,698	1	2	6	3	325
William Beaumont Hospital [1-3]	Royal Oak, Mich.	H. W. Longyear	OBG	4,108	3	1	3	2	....
Saginaw General Hospital [1-3]	Saginaw, Mich.	C. E. Toshach	OBG	3,263	2	1	3	3	345
Minneapolis General Hospital [1-3]	Minneapolis	M. T. Mitchell	OBG	1,335	1	1	3	3	300
Northwestern Hospital [1-3]	Minneapolis	E. Ingalls	OBG	3,585	..	2	2	2	300
St. Barnabas Hospital [1-3]	Minneapolis	M. T. Mitchell	OBG	3,462	1	2	2	2	235
St. Mary's Hospital [1-3]	Minneapolis	E. C. Maeder	OBG	6,092	9	2	4	2	200

Numerical and other references will be found on pages 556 through 559.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
University of Minnesota Hospitals [1-2-204]	Minneapolis	J. L. McKelvey	OBG	1,566	10	2	7	3	185
Mayo Foundation [1-2]	Rochester, Minn.	L. M. Randall	OBG	4,547	8	5	15	3	175
Ancker Hospital [1-2-25]	St. Paul, Minn.	E. Kasper	OBG	1,175	1	1	1	1	185
Charles T. Miller Hospital [1-2]	St. Paul, Minn.	A. F. Hayes	OBG	2,975	..	..	1	3	225
St. Joseph's Hospital [1-2]	St. Paul, Minn.	J. W. Goldsmith	OBG	3,351	2	1	2	3	185
University Hospital [1]	Jackson, Miss.	M. Newton	OBG	1,340	1	2	6	3	250
St. Louis County Hospital [1-2]	Clayton, Mo.	E. L. Dorsett	OBG	1,105	1	1	3	3	225
University of Missouri Medical Center [1-2]	Columbia, Mo.	J. S. Roden	OBG	364	..	2	6	3	200
Kansas City General Hospital No. 1	Kansas City, Mo.	R. G. Helman	OBG	1,815	5	1	3	3	200
Kansas City General Hospital No. 2 [1-2]	Kansas City, Mo.	H. L. Gainey	OBG	1,945	4	2	6	3	200
St. Joseph Hospital	Kansas City, Mo.	G. L. Miller- A. B. Sinclair	OBG	3,702	3	1	2	2	250
St. Luke's Hospital [1-2]	Kansas City, Mo.	K. E. Cox	OBG	4,169	3	2	4	3	225
Barnes Hospital [1-2]	St. Louis	W. Allen	OBG	7,093	6	9	21	3	50
De Paul Hospital [1-2]	St. Louis	R. V. Boedeker	OBG	4,039	4	2	2	2	200
Homer G. Phillips Hospital [1-2]	St. Louis	S. Mondy	OBG	6,503	14	4	13	3	201
Jewish Hospital [1-2]	St. Louis	D. Rothman	OBG	2,634	2	..	3	2	100
Missouri Baptist Hospital [1-2]	St. Louis	J. B. O'Neill	OBG	2,127	1	2	4	1	175
St. John's Hospital [1-2]	St. Louis	M. W. Weis	OB	3,077	..	2	2	1	200
St. Louis City Hospital [1-2]	St. Louis	A. T. Esslinger- L. Hartnett	OBG	3,078	6	4	8	3	92
St. Luke's Hospital [1-2]	St. Louis	G. J. L. Wulff, Jr.	OBG	2,250	4	1	3	3	250
St. Mary's Group of Hospitals [1-2]	St. Louis	J. A. Hardy, Jr.	OBG	8,078	3	5	11	3	100
Lincoln General Hospital [1]	Lincoln, Neb.	H. A. Hansen	OBG	1,511	1	1	1	1	250
St. Elizabeth Hospital [1]	Lincoln, Neb.	S. T. Thierstein	OBG	2,989	1	2	2	1	350
Creighton University Medical Center		M. E. Grier	OBG	..	..	..	..	3	..
Creighton Memorial—St. Joseph's Hospital	Omaha		OBG	4,021	7	2	5	..	210
St. Catherine's Hospital	Omaha		..	..	..	..	..	..	..
Immanuel Hospital [1-2]	Omaha	W. R. Malony	OBG	1,525	..	1	1	1	175
University of Nebraska Hospital [1-2-221]	Omaha	R. G. Holly	OBG	1,407	3	2	7	3	175
Cooper Hospital [1-2]	Camden, N. J.	G. B. German- H. P. Shipps	OBG	5,199	4	3	4	3	200
Hackensack Hospital [1-2]	Hackensack, N. J.	R. C. Schretzmann	OB	3,023	..	2	2	1	150
Jersey City Medical Center [1-2]	Jersey City, N. J.	E. N. Bookvalian	GYN	1,047	6	2	5	2	108
Margaret Hague Maternity Hospital [1-2]	Jersey City, N. J.	J. P. Donnelly	OB	11,153	105	15	19	3	67
Monmouth Memorial Hospital [1-2]	Long Branch, N. J.	W. Shanik	OBG	2,025	32	1	1	1	200
Burlington County Hospital [1-2]	Mount Holly, N. J.	R. H. Van Meter	OBG	1,554	..	..	2	3	100
Harrison S. Martland Medical Center [1-2]	Newark, N. J.	J. Pannullo- A. J. Gordon	OBG	3,341	3	2	6	3	162
Newark Beth Israel Hospital [1-2]	Newark, N. J.	W. Brams	OBG	5,333	6	1	3	3	100
St. Michael's Hospital [1-2]	Newark, N. J.	G. W. Hayes-O. Glass	OBG	4,066	2	2	6	3	165
Paterson General Hospital [1-2]	Paterson, N. J.	L. E. Throp- P. Rauschenbach	OB	2,471	..	1	1	1	150
Holy Name Hospital [1]	Teaneck, N. J.	J. W. Prather	OB	2,512	..	1	1	1	200
St. Francis Hospital [1-2]	Trenton, N. J.	J. R. Harman	OBG	6,639	8	1	2	2	210
Albany Hospital [1-2-230]	Albany, N. Y.	R. E. L. Nesbitt, Jr.	OBG	4,897	2	2	6	3	160
A. N. Bundy Hospital [2]	Albany, N. Y.	J. G. Hayes	OB	3,401	..	3	3	2	200
Beth-El Hospital [1-2]	Brooklyn, N. Y.	W. Levine	OBG	4,770	1	2	8	3	125
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	J. T. Wallace	OBG	2,728	3	1	3	3	175
Brooklyn Women's Hospital [1-2]	Brooklyn, N. Y.	J. Halperin	OBG	2,748	..	4	4	1	125
Coney Island Hospital [1-2]	Brooklyn, N. Y.	M. G. Der Brucke	OBG	1,036	..	..	3	3	105
Cumberland Hospital [1-2]	Brooklyn, N. Y.	C. H. Loughran	OBG	2,645	5	3	6	3	104
Greenpoint Hospital [1-2]	Brooklyn, N. Y.	S. Kaminester	OBG	2,461	2	2	6	3	105
Jewish Hospital [1-2]	Brooklyn, N. Y.	I. Dalchman	OBG	6,859	2	2	8	3	100
Kings County Hospital Division II [1-2]	Brooklyn, N. Y.	L. M. Hellman	OBG	11,741	39	8	20	3	71
Long Island College Hospital [1-2]	Brooklyn, N. Y.	M. Glass	OBG	3,463	5	3	6	3	156
Lutheran Medical Center [1-2]	Brooklyn, N. Y.	A. S. MacGregor	OBG	2,626	..	1	3	3	135
Maimonides Hospital [1-2]	Brooklyn, N. Y.	E. Solomons	OBG	5,234	..	2	8	3	75
Methodist Hospital [1-2-232]	Brooklyn, N. Y.	S. C. Hall- H. S. Acken, Jr.	OBG	3,937	2	2	8	3	175
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	W. C. Meagher	OBG	2,550	2	1	6	3	125
St. John's Episcopal Hospital [1-2]	Brooklyn, N. Y.	C. W. Mueller	OBG	2,516	3	1	3	3	175
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	A. A. Nehemone	OBG	2,424	2	1	3	3	200
Unity Hospital [1-2]	Brooklyn, N. Y.	M. Berlind	OBG	2,441	..	2	4	2	125
Wyckoff Heights Hospital [1-2]	Brooklyn, N. Y.	F. W. Benschine	OBG	2,118	1	1	3	1	100
Allied Hospitals of the Sisters of Charity [1-2]	Buffalo	E. G. Winkler	OBG	6,181	1	2	8	3	235
Emergency Hospital		....	....	....	..	..	..	..	....
Sisters of Charity Hospital		....	....	....	..	..	..	..	....
Buffalo General Hospital [1-2-241]	Buffalo	C. L. Randall	OBG	3,729	2	2	9	3	175
Deaconess Hospital [1-2]	Buffalo	H. Burwig	OBG	3,464	4	1	3	3	300
Edward J. Meyer Memorial Hospital [1-2-248]	Buffalo	E. G. Winkler	OBG	2,380	6	2	5	3	248
Millard Fillmore Hospital [1-2]	Buffalo	L. P. Cavan	OBG	6,265	..	2	6	3	285
Mary Imogene Bassett Hospital [1-2]	Cooperstown, N. Y.	O. J. Severud	OBG	993	..	1	1	3	150
Elmhurst General Hospital [1-2-17-265]	Elmhurst, N. Y.	N. J. Schulman- E. F. Smith	OBG	2,568	1	4	8	3	104
Flushing Hospital and Dispensary [1-2]	Flushing, N. Y.	E. C. Veprovsky	OBG	5,021	1	1	3	3	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	G. T. Lilly	OBG	2,155	9	1	4	3	225
Jamaica Hospital [1-2]	Jamaica, N. Y.	M. P. Bates	OBG	....	..	1	2	2	200
Mary Immaculate Hospital [2]	Jamaica, N. Y.	J. Rizzi	OB	2,587	..	1	1	1	100
Queens Hospital Center [1-2]	Jamaica, N. Y.	E. C. Veprovsky	OBG	3,089	9	1	3	3	165
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	S. Nagyfy	OBG	3,048	11	2	6	3	225
North Shore Hospital [1-2]	Manhassett, N. Y.	W. F. Flun	OBG	1,809	1	2	4	3	200
Nassau Hospital [1-2]	Mineola, N. Y.	J. A. Mellow	OBG	3,416	2	1	3	3	318
Mount Vernon Hospital [1-2]	Mount Vernon, N. Y.	N. M. Weinrod	OBG	2,349	2	1	3	3	200
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	A. H. Rosenthal	OBG	2,709	1	1	3	3	75
Bellevue Hospital Center Div. III—New York University College of Medicine [-261]	New York City	G. Douglas	OBG	4,323	93	10	17	3	71
Beth Israel Hospital [1-2-271]	New York City	G. Bimi k	OBG	2,915	..	2	5	3	140
Bronx Hospital [1-2]	New York City	A. C. Posner- A. J. Fleischer	OBG	3,442	2	2	6	3	60
Bronx Municipal Hospital Center [1-2]	New York City	M. Glass	OBG	769	2	4	9	3	105
Fordham Hospital [1-2]	New York City	M. L. Brandt	OBG	2,085	1	2	6	3	104
42nd Street Beth David Hospital	New York City	M. D. Speiser	OBG	1,751	1	1	2	2	125
Francis Delafield Hospital [1-2]	New York City	H. C. Taylor, Jr.	GYN	290	24	..	5	1	105
French Hospital [1-2]	New York City	C. E. Heaton- H. C. Falk	OBG	1,790	16	2	4	3	90
Harlem Hospital [1-2]	New York City	A. C. Posner- M. L. Bobrow	OBG	6,326	8	2	6	3	71
Hospital For Joint Diseases [1-2]	New York City	E. L. Hecht	GYN	230	4	..	1	1	80
Jewish Memorial Hospital [1-2]	New York City	M. J. Goodfriend	OBG	2,227	4	1	1	1	150

Numerical and other references will be found on pages 556 through 559.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Monthly)
Lenox Hill Hospital [1-3]	New York City	J. C. Kilroe- M. W. Rodgers	OBG	3,097	..	1	3	3	180
Lincoln Hospital [1-3]	New York City	W. H. Godsick	OBG	4,362	1	3	7	3	105
Misericordia Hospital	New York City	J. A. Kelly	OB	1,293	1	1	2	2	100
Morrisania City Hospital [1-3]	New York City	M. Goodfriend	OBG	3,107	25	1	4	3	104
Mount Sinai Hospital [1-3]	New York City	A. F. Guttmacher	OBG	6,680	7	13	19	3	75
New York Hospital [1-3]	New York City	R. G. Douglas	OBG	7,429	3	6	22	3	164
New York Infirmary [1-3]	New York City	I. Widenius- I. Knowlton	OBG	2,030	1	2	4	3	175
New York Medical College—Metropolitan Medical Center									
Flower and Fifth Avenue Hospitals	New York City	M. L. Stone	OBG	3,588	2	1	3	3	...
Metropolitan Hospital [1-3]	New York City	M. L. Stone	OBG	4,048	5	4	10	3	104
New York Polyclinic Medical School and Hospital [1-3]	New York City	D. N. Barrows- E. H. Dennen	OBG	2,910	1	2	6	3	125
New York University—Bellevue Medical Center									
University Hospital	New York City	G. Douglas	GYN	564	2	1	2	2	85
Presbyterian Hospital [1] (Sloan Hospital for Women)	New York City	H. C. Taylor	OBG	7,240	4	6	21	3	250
Roosevelt Hospital [1-3]	New York City	F. R. Smith	GYN	915	3	1	3	2	133
St. Clare's Hospital [1-3-270]	New York City	M. J. Jordan	OBG	2,204	3	2	6	3	200
St. Francis Hospital [1-3]	New York City	J. S. Labate	OBG	2,895	..	1	3	3	125
St. Vincent's Hospital [1-3]	New York City	B. J. Pisani	OBG	4,018	2	2	7	3	125
Sydenham Hospital [1-3]	New York City	P. M. Murray	OBG	2,173	..	1	3	3	105
Woman's Hospital [1-3]	New York City	C. T. Javert	OBG	6,863	3	4	12	3	100
United Hospital [1-3]	Port Chester, N. Y.	C. N. Jeffries	OB	1,240	..	1	1	1	200
Genesee Hospital [1-3-289]	Rochester, N. Y.	A. J. Tuttelbaum	OBG	3,436	1	2	4	3	240
Highland Hospital	Rochester, N. Y.	D. H. Kariher	OBG	2,469	..	1	3	3	225
Rochester General Hospital [1-3]	Rochester, N. Y.	J. C. Potter	OBG	3,617	1	1	3	3	125
St. Mary's Hospital [1-3]	Rochester, N. Y.	H. I. Norton	OBG	4,546	..	1	3	3	200
Strong Memorial—Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	C. J. Lund	OBG	4,377	3	4	8	3	117
Ellis Hospital [1-3]	Schenectady, N. Y.	W. Jameson, Sr.	OBG	2,009	1	2	4	2	150
General Hospital [1-3]	Syracuse, N. Y.	R. J. Pieri	OBG	2,644	1	2	4	2	192
St. Joseph's Hospital [1-3]	Syracuse, N. Y.	L. G. Fournier	OBG	3,703	4	1	2	1	191
State University of New York									
Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	E. C. Hughes-C. Clark	OBG	13,471	4	4	12	3	233
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	R. A. Ross	OBG	1,255	2	3	10	3	150
Charlotte Memorial Hospital [1]	Charlotte, N. C.	J. Waltz	OBG	3,632	1	1	3	2	250
Duke University Hospital [1-3]	Durham, N. C.	B. Carter	OBG	2,841	7	4	10	3	102
Lincoln Hospital [1-3]	Durham, N. C.	L. R. Swift	OBG	1,003	1	1	1	1	175
Watts Hospital [1-3]	Durham, N. C.	R. L. Pearse	OBG	2,433	..	1	2	1	175
Rex Hospital [1]	Raleigh, N. C.	P. J. McElrath	OBG	3,194	..	1	2	2	350
St. Agnes Hospital [1]	Raleigh, N. C.	C. D. Egerton	OBG	1,528	..	1	1	1	250
City Memorial Hospital [1-3]	Winston-Salem, N. C.	T. A. Petty	OBG	3,316	..	1	1	1	300
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	F. R. Eck	OBG	2,969	2	2	6	3	125
St. Luke's Hospital [1]	Fargo, N. D.	G. W. Hunter	OBG	1,876	22	1	1	3	300
Akron City Hospital [1-3]	Akron, Ohio	D. C. Snyder	OBG	6,612	5	2	7	3	250
Akron General Hospital [1]	Akron, Ohio	N. E. Wentsler	OBG	4,733	4	2	8	3	250
St. Thomas Hospital [1-3]	Akron, Ohio	C. J. Paternite	OBG	3,218	3	2	5	3	250
Aultman Hospital [1-3]	Canton, Ohio	J. M. Scott	OBG	5,375	..	3	6	2	275
Mercy Hospital [1-3]	Canton, Ohio	J. J. Karam	OBG	3,685	1	2	6	3	200
Bethesda Hospital [1-3]	Cincinnati	R. D. Bryant-R. Eddy	OBG	5,701	7	2	5	3	260
University of Cincinnati College of Medicine Hospital Group		S. Garber-L. Bossert	..	..	..	..	..	..	...
Cincinnati General Hospital [1-3]	Cincinnati		OBG	5,389	3	5	14	3	75
City Hospital [1-3]	Cleveland	A. E. Bennett	OBG	4,011	4	3	12	3	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	H. P. Taylor- J. S. Krieger	OBG	1,751	1	2	8	3	175
Evangelical Deaconess Hospital [1-3]	Cleveland	J. E. Morgan	OBG	3,221	2	1	3	3	150
Fairview Park Hospital [1-3]	Cleveland	E. D. Richards	OBG	3,550	2	2	4	2	200
Huron Road Hospital [1-3]	Cleveland	S. E. Burkhart	OBG	3,848	4	2	6	3	210
Lutheran Hospital [1-3]	Cleveland	R. A. Schroeder	OB	2,166	..	2	2	1	250
Mount Sinai Hospital [1-3]	Cleveland	L. H. Biskind	OBG	4,931	2	2	6	3	215
St. Alexis Hospital [1-3]	Cleveland	J. F. Silvka	OB	1,476	..	2	2	1	250
St. Ann Hospital [1-3]	Cleveland	A. H. Dindia	OBG	3,381	..	4	4	2	250
St. John's Hospital	Cleveland	R. P. Dreyer- G. R. Dickerhoof	OBG	2,968	1	2	5	2	170
St. Luke's Hospital [1-3]	Cleveland	G. B. Hurd	OBG	5,030	5	1	4	3	140
University Hospitals [1-3]	Cleveland	A. C. Barnes	OBG	6,655	2	3	12	3	125
Mount Carmel Hospital [1]	Columbus, Ohio	R. F. Daly-P. J. Reel	OBG	4,729	1	2	4	3	275
Ohio State University Hospitals									
University Hospital [1-3]	Columbus, Ohio	J. C. Ullery	OBG	5,920	17	3	12	3	177
White Cross Hospital [1-3-314] St. Ann's Hospital for Women [1]	Columbus, Ohio	R. M. Inglis- Z. Hollenbeck	OBG	2,320	23	2	8	3	200
Good Samaritan Hospital [1-3]	Dayton, Ohio	F. G. Barr	OBG	3,350	..	2	4	3	250
Miami Valley Hospital [1-3]	Dayton, Ohio	A. R. Hoerner	OB	3,699	1	1	1	1	200
Marymount Hospital [1-3]	Garfield Heights, Ohio	A. H. Dindia	OBG	2,490	..	2	2	1	200
Mercy Hospital [1-3]	Hamilton, Ohio	B. J. Lehmann	OBG	2,290	5	3	3	1	250
Lakewood Hospital [1-3]	Lakewood, Ohio	B. Wylie	OBG	3,529	..	3	3	1	200
Lima Memorial Hospital [1-3]	Lima, Ohio	M. A. Mulvania	OBG	2,664	..	2	3	2	275
St. Rita's Hospital [1-3]	Lima, Ohio	V. A. Noble	OBG	3,112	12	1	3	2	325
Maumee Valley Hospital [1-3]	Toledo, Ohio	J. Hillabrand	OB	190	..	1	1	1	210
Mercy Hospital [1-3]	Toledo, Ohio	R. C. King	OBG	3,870	3	1	3	3	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. W. Diethelm	OBG	3,968	3	2	4	3	275
Toledo Hospital [1-3]	Toledo, Ohio	O. E. Todd	OBG	4,369	2	1	3	3	200
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. L. Scarnecchia	OBG	3,551	3	2	3	3	300
St. Anthony's Hospital	Oklahoma City	G. Rogers	OBG	5,490	3	1	3	3	250
University of Oklahoma Hospitals			OBG	..	..	..	..	3	...
University Hospital [1-3-321]	Oklahoma City	M. J. Serwer-J. W. Kelso		3,161	..	2	6	..	...
Wesley Hospital [1]	Oklahoma City	J. W. Records		3,022	..	1	1	..	250
St. John's Hospital [1-3]	Tulsa, Okla.	E. M. Stokes	OBG	6,046	4	2	4	2	175
Emanuel Hospital [1-3-328]	Portland, Ore.	G. H. Lage	OBG	7,937	14	2	6	3	275
St. Vincent's Hospital [1-3]	Portland, Ore.	M. S. Sichel	OB	2,470	..	1	1	1	275
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	R. C. Benson	OBG	1,622	3	1	3	3	100
Abingdon Memorial Hospital [1-3]	Abingdon, Pa.	R. D. Porter- C. M. Turman	OBG	3,819	2	1	3	3	150
Allentown Hospital [1-3]	Allentown, Pa.	F. C. Schaeffer	OBG	4,115	3	1	3	3	225
Altoona Hospital [1-3]	Altoona, Pa.	H. F. Moffitt	OBG	2,352	..	1	1	1	325
St. Luke's Hospital [1-3]	Bethlehem, Pa.	F. J. Pearson	OBG	2,836	..	2	2	2	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	J. Y. Howson	OBG	3,236	2	1	1	1	300
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	R. E. Nicodemus	OBG	1,966	..	2	2	3	175
Thomas M. Fitzgerald Mercy Hospital [1-3]	Darby, Pa.	J. V. Missett, Jr.	OBG	4,389	1	2	4	3	250
Harrisburg Hospital	Harrisburg, Pa.	W. P. Dailey	OBG	4,656	2	1	3	3	250

Numerical and other references will be found on pages 556 through 559.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service		Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Albert Einstein Medical Center										
Northern Division [1-3]	Philadelphia	G. Weinstein	OBG	4,393	..	2	4	3	3	150
Southern Division [1-3]	Philadelphia	A. First	OBG	2,461	..	1	3	3	3	150
Chestnut Hill Hospital [1]	Philadelphia	Z. B. Newton	OBG	2,043	1	1	2	2	3	850
Episcopal Hospital [1-3]	Philadelphia	J. H. Dugger	OBG	3,000	..	1	3	3	3	150
Frankford Hospital [1-3]	Philadelphia	G. C. Hanna, Jr.	OBG	4,030	..	1	3	3	3	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	Z. B. Newton	OBG	2,630	2	1	3	3	3	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	S. L. Israel	GYN	540	2	1	2	2	2	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	N. F. Paxson	OBG	2,929	40	3	9	3	3	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. L. Payne	OBG	5,650	15	5	15	3	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	A. G. Taylor- M. D. Pettit	OBG	2,618	4	2	5	3	3	110
Jefferson Medical College Hospital [1-3]	Philadelphia	T. Montgomery- J. Montgomery	OBG	5,639	10	2	8	3	3	100
Lankenau Hospital [1-3]	Philadelphia	R. B. Wilson	OBG	1,460	..	..	..	3	3	200
Methodist Episcopal Hospital [1-3]	Philadelphia	R. W. Mohler	OBG	1,730	1	1	3	3	3	150
Misericordia Hospital [1]	Philadelphia	J. E. Lynch	OBG	3,473	2	1	4	3	3	250
Pennsylvania Hospital [1-3]	Philadelphia	R. A. Kimbrough	OBG	5,960	8	8	8	3	3	20
Philadelphia General Hospital [3]	Philadelphia	C. Muckle	OBG	7,097	22	2	7	3	3	121
Philadelphia General Hospital—Northern Division [1-3]	Philadelphia	E. S. Waugh- J. R. Willson	OB	1,797	1	2	2	1	1	121
Presbyterian Hospital [1-3]	Philadelphia	J. C. Corbit	OBG	2,273	2	1	3	3	3	150
St. Mary's Hospital [1-3]	Philadelphia	J. Laferty	OBG	1,776	1	1	4	1	1	250
Temple University Hospital [1-3]	Philadelphia	J. R. Willson	OBG	4,671	11	4	12	3	3	...
Woman's Hospital [1-3]	Philadelphia	A. G. Taylor- H. Angelucci	OBG	2,644	4	2	4	3	3	175
Health Center Hospitals of the University of Pittsburgh School of Medicine			OGB	.....	..	..	..	3	3	...
Elizabeth Steel Magee Hospital	Pittsburgh	H. A. Power- J. A. Hepp		9,939	12	4	12	..	3	125
Mercy Hospital [1-3]	Pittsburgh	R. A. Gillis- G. J. Carlin	OBG	3,498	2	1	3	3	3	235
Montefiore Hospital [1-3]	Pittsburgh	H. Cohen	OB	1,804	..	2	2	2	1	225
Pittsburgh Hospital [1-3]	Pittsburgh	E. A. Conti	OBG	2,452	2	1	2	2	3	200
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	J. H. Carroll- J. A. Hepp	OBG	2,870	5	2	4	3	3	200
St. Margaret's Memorial Hospital [1-3]	Pittsburgh	R. E. Tafel	OBG	1,202	1	1	1	2	3	300
South Side Hospital [1-3]	Pittsburgh	J. A. New-J. Hodgkiss	OBG	280	..	1	3	2	3	300
Western Pennsylvania Hospital [1-3]	Pittsburgh	A. C. Williamson	OB	2,087	..	1	1	1	3	225
Reading Hospital [1-3]	Reading, Pa.	F. B. Nugent	OBG	1,154	..	1	1	3	3	225
Providence Lying-In Hospital	Providence, R. I.	C. S. Houston	OB	9,765	48	2	2	1	1	125
Rhode Island Hospital [1-3]	Providence, R. I.	H. C. McDuff, Jr.	GYN	1,253	4	2	6	2	2	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	L. T. Hester, Jr.	OBG	3,641	7	2	6	3	3	137
Columbia Hospital of Richland County [1-3]	Columbia, S. C.	H. N. Black	OBG	3,411	2	1	3	3	3	175
McLeod Infirmary [1-3]	Florence, S. C.	R. F. Zeigler	OBG	2,385	1	1	1	1	3	250
Greenville General Hospital [1-3]	Greenville, S. C.	W. Hearin	OBG	4,287	3	1	3	3	3	250
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	R. G. Demos	OBG	5,396	3	2	6	3	3	225
Memorial Hospital [1-3]	Chattanooga, Tenn.	H. E. Jones	OBG	2,680	..	1	1	1	3	250
University of Tennessee Memorial Research Center and Hospital [1-3]	Knoxville, Tenn.	A. W. Diddle	OBG	183	..	1	3	2	3	150
Baptist Memorial Hospital [1-3-844]	Memphis, Tenn.	H. B. Turner	OBG	4,971	2	1	3	3	3	200
City of Memphis Hospitals [1-3]	Memphis, Tenn.	P. C. Schrefer	OBG	10,591	9	5	15	3	3	125
St. Joseph Hospital [1-3-844]	Memphis, Tenn.	H. Feinstein	OBG	3,201	5	1	3	3	3	250
Baptist Hospital [1-3]	Nashville, Tenn.	T. F. Warder	OBG	5,007	..	2	4	3	3	175
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	W. F. B. James	OB	1,531	..	2	5	3	3	150
Nashville General Hospital [1-3]	Nashville, Tenn.	R. L. Chaltant	OBG	1,681	..	2	5	3	3	200
St. Thomas Hospital [1-3]	Nashville, Tenn.	W. Parker	OBG	1,851	..	1	2	2	3	300
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	F. E. Whitacre	OBG	2,256	2	3	12	3	3	50
Brackenridge Hospital [1]	Austin, Texas	M. Turner	OBG	2,186	3	..	1	1	1	250
Baylor University Hospital [1-3]	Dallas, Texas	W. K. Strother, Jr.	OBG	10,238	2	3	7	3	3	160
Methodist Hospital [1-3-847]	Dallas, Texas	P. D. Newell	OBG	5,355	2	2	4	3	3	200
Parkland Memorial Hospital [1-3]	Dallas, Texas	J. A. Pritchard	OBG	5,939	6	4	12	3	3	125
St. Paul's Hospital [1-3]	Dallas, Texas	O. V. Prejean	OBG	6,192	4	1	3	3	3	125
Hotel Dieu [3]	El Paso, Texas	K. S. Kurita	OBG	1,988	..	1	2	2	2	150
Harris Hospital [1-3]	Fort Worth, Texas	A. C. Watson	OBG	6,741	3	1	3	1	3	200
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	G. Jarvis	OBG	2,267	4	3	9	3	3	160
Baylor University College of Medicine Affiliated Hospitals										
Jefferson Davis Hospital [1-3]	Houston, Texas	S. H. Wills	OBG	975	2	4	9	3	3	75
Methodist Hospital [1-3]	Houston, Texas	H. P. Arnold-J. A. Wall	OBG	3,723	..	..	3	3	3	100
Hermann Hospital [1-3]	Houston, Texas	T. G. Grady- A. M. Faris	OBG	8,699	5	2	6	3	3	100
University of Texas Postgraduate School of Medicine Affiliated Hospitals										
St. Luke's Episcopal Hospital [1-3]	Houston, Texas	H. L. Gardner	OBG	3,424	19	3	3	1	1	100
St. Joseph's Hospital [1-3]	Houston, Texas	J. P. Salerno	OBG	7,399	5	2	6	3	3	220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-3]	Houston, Texas	F. Rutledge	GYN	577	21	..	6	1	1	150
Baptist Memorial Hospital [1-3]	San Antonio, Texas	J. Worsham	OBG	6,564	4	1	3	2	2	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	G. G. Plummore	OBG	4,617	6	2	5	3	3	150
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	V. L. Ward	OBG	3,128	14	3	9	3	3	300
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	M. S. Sanders	OBG	6,606	2	2	5	2	2	225
Holy Cross Hospital [1-3-866]	Salt Lake City	W. J. Jones	OBG	2,939	1	1	3	3	3	275
Salt Lake County General Hospital [1]	Salt Lake City	E. G. Robustrom	OBG	966	1	2	4	3	3	175
University of Vermont Affiliated Hospitals			OBG	.....	..	..	..	3	3	...
De Goesbriand Memorial Hospital [1-3]	Burlington, Vt.	W. Slavin		49	1	1	3	..	3	180
Mary Fletcher Hospital [1-3-870]	Burlington, Vt.	J. V. S. Maeck		1,787	3	1	4	..	3	100
Alexandria Hospital [1-3]	Alexandria, Va.	H. Fiore	OBG	4,221	1	2	2	1	1	275
Arlington Hospital [1-3]	Arlington, Va.	J. B. Jacobs	OBG	3,371	..	1	1	1	1	215
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. N. Thornton, Jr.	OBG	3,205	1	2	8	3	3	50
Lynchburg General Hospital [1-3]	Lynchburg, Va.	J. R. Saunders	OB	1,765	2	1	1	1	1	200
Riverside Hospital [1-3]	Newport News, Va.	J. F. Gayle	OBG	2,853	..	1	1	1	1	250
De Paul Hospital [1-3]	Norfolk, Va.	J. R. Kight	OBG	3,840	6	1	3	3	3	200
Norfolk General Hospital [1-3]	Norfolk, Va.	B. D. Jones- R. B. Nicholls	OBG	4,201	1	2	4	3	3	125
Johnston-Willis Hospital [1]	Richmond, Va.	E. Rucker	OB	1,686	..	1	1	1	1	250
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	H. H. Ware, Jr.- R. H. Hoge	OBG	9,331	3	4	12	3	3	75
Doctors Hospital [1-3]	Seattle	C. S. Fine	OBG	3,171	..	1	2	1	3	250
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. R. De Alvarez	OBG	1,802	8	2	6	3	3	125
Providence Hospital [1-3]	Seattle	J. W. Codling	OB	2,885	..	1	1	1	1	250

Numerical and other references will be found on pages 556 through 559.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Swedish Hospital [1-3]	Seattle	D. J. Thorp	OBG	4,427	..	2	4	1	225
Virginia Mason Hospital [1-3]	Seattle	R. N. Rutherford	OB	2,392	1	1	1	1	150
Sacred Heart Hospital [5]	Spokane, Wash.	R. L. Rotchford	OBG	5,286	4	1	3	3	250
St. Luke's Hospital [1-3]	Spokane, Wash.	D. W. Robinson	OBG	1,494	..	1	1	1	225
Memorial Hospital [1-3]	Charleston, W. Va.	J. L. Crites	OBG	2,251	..	2	2	1	250
Madison General Hospital [1-3]	Madison, Wis.	W. V. Luetke	OBG	2,673	2	1	1	1	150
St. Mary's Hospital [1-3]	Madison, Wis.	E. F. Schneiders	OBG	3,128	1	1	1	1	250
University Hospitals [1-3]	Madison, Wis.	B. Peckham	OBG	874	13	3	7	3	100
Columbia Hospital [1-3]	Milwaukee	L. T. Servis	OB	1,608	..	2	2	1	245
Milwaukee County Hospital [1-3-877]	Milwaukee	B. E. Urdan	OBG	2,809	14	2	6	3	207
Milwaukee Hospital [1-3-880]	Milwaukee	F. J. Hofmeister	OBG	1,200	2	1	4	3	245
Mount Sinai Hospital [1-3]	Milwaukee	B. E. Urdan	OBG	3,550	..	1	3	1	300
St. Joseph's Hospital [1-3]	Milwaukee	G. S. Kilkenny	OBG	7,256	2	2	6	3	280
St. Luke's Hospital [1-3]	Milwaukee	R. T. Flynn	OBG	7,161	13	3	3	1	275
St. Mary's Hospital [2-881]	Milwaukee	J. D. Owen-D. Werner	OBG	2,946	..	..	3	2	225
Gorgas Hospital [1]	Ancon, Canal Zone	I. J. Strumpf	OBG	2,573	1	1	3	3	345
Kapiolani Maternity and Gynecological Hospital—									
St. Francis Hospital [1-3]	Honolulu, T. H.	F. Carty-J. Wong	OBG	7,158	23	2	6	3	100
Queen's Hospital [1-3]	Honolulu, T. H.	R. Y. Sakimoto	OBG	3,393	2	2	5	2	150
Bayamon District Hospital [1-3]	Bayamon, P. R.	E. Arandes	OBG	2,693	7	1	2	1	250
San Juan City Hospital [1-3]	San Juan, P. R.	M. F. Fuster	OBG	5,551	6	3	9	3	300

13. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, page 534.

14. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, as offering acceptable training in the specialty.

Hospitals, 161; Assistant Residencies and Residencies, 676

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	R. Kelley	333	19,964	2	6	3	...
Army Medical Center [1-3]	Washington, D. C.	A. Lowrey, Jr.	744	33,247	2	6	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	K. E. Hudson	399	12,975	2	6	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-3]	Oakland, Calif.	K. J. Palmberg	278	5,445	1	1	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	R. P. Nadbath	421	23,445	2	6	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	S. J. Ryan	297	6,268	1	3	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	D. A. Mills	134	3,772	1	2	2	...
U. S. Naval Hospital [1]	Philadelphia	W. L. Smith	366	8,121	1	3	3	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3]	New Orleans	W. E. Hoyle	140	5,055	1	2	3	...
U. S. Public Health Service Hospital [1-3]	Baltimore	W. P. Griffey	152	3,874	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	J. B. Peebles	235	5,134	1	3	3	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
Freedmen's Hospital [1-3]	Washington, D. C.	C. L. Cowan	56	2,348	1	1	3	218
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center			.....	.....	..	..	3	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.		1,059	7,717	..	4	..	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	O. Dahlette, Jr.	145	633	1	1	...	...
Veterans Admin. Hospital [1-3-52]	Tuskegee, Ala.	H. G. Dwiggins	154	.....	..	3	3	...
Arkansas Baptist Hospital [1]	Little Rock, Ark.	R. C. Cook	594	.....	2	2	3	250
General Hospital of Fresno County [1-3]	Fresno, Calif.	R. A. Ronald	123	5,089	1	2	2	300
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	G. C. Struble	233	1,681	1	3	3	...
Los Angeles County Hospital [1]	Los Angeles	W. Endres	1,046	1	2	6	2	246
Los Angeles Eye and Ear Hospital [1-3-62]	Los Angeles	O. H. Ellis	322	979	2	4	2	160
University of California Hospital [1-3]	Los Angeles	S. R. Irvine	228	4,523	1	3	3	198
Veterans Admin. Hospital [1-3]	Los Angeles	C. S. Munnun	498	2,802	1	3	3	...
White Memorial Hospital [1-3]	Los Angeles	S. B. Brownsberger	280	8,758	1	2	3	150
Highland-Alameda County Hospital [1]	Oakland, Calif.	M. E. Gump	201	3,744	..	1	3	200
Stanford University Hospitals [1-3-76]	San Francisco	D. K. Pischel	735	8,213	1	3	3	80
University of California Hospital [1-3]	San Francisco	F. C. Cordes	510	10,032	3	7	3	210
Veterans Admin. Hospital [1-3]	San Francisco	M. Fine-D. O. Harrington	165	1,310	1	3	3	...
Harbor General Hospital [1]	Torrance, Calif.	S. R. Irvine	204	6,274	1	2	2	246
University of Colorado Medical Center			.....	.....	..	..	3	...
Colorado General Hospital [1-3]	Denver	J. C. Long	195	9,601	2	4	..	180
Denver General Hospital [1-3]	Denver	G. A. Filmer	58	.....	..	..	..	157
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	R. M. Fasanella	494	6,195	1	3	3	50
District of Columbia General Hospital [1-3]	Washington, D. C.	E. Cummings-R. A. Cox	118	4,526	1	2	2	233
Washington Hospital Center								
Episcopal Eye, Ear, and Throat Hospital [3]	Washington, D. C.	G. V. Simpson	1,806	32,504	2	6	3	215
Jackson Memorial Hospital [1-3]	Miami, Fla.	J. F. McKenna	714	.....	2	6	3	75
Grady Memorial Hospital [1-3-391]	Atlanta, Ga.	F. P. Calhoun, Jr.	555	16,471	2	6	3	100
Medical College of Georgia Hospitals [1]	Augusta, Ga.	J. R. Fair	89	606	1	2	3	200
Chicago Eye, Ear, Nose and Throat College and Hospital [1-3]	Chicago	O. B. Nugent	349	11,947	4	5	2	100
Cook County Hospital [1-3]	Chicago	T. N. Zekman	571	15,671	3	6	2	100
Illinois Eye and Ear Infirmary [1-3]	Chicago	(See University of Illinois Hospitals)						
Michael Reese Hospital	Chicago	T. M. Shapira	898	5,626	2	4	2	100
Northwestern University Medical Center			.....	.....	..	..	3	...
Chicago Wesley Memorial Hospital [1-3]	Chicago	W. A. Mann	373	.....	1	2	..	125
Passavant Memorial Hospital [1-3]	Chicago	D. Vail	335	.....	1	2	..	50
Veterans Admin. Research Hospital [1]	Chicago	H. Ruttner	111	142	..	2	..	...

Numerical and other references will be found on pages 556 through 559.

14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Salary (Month)
Presbyterian Hospital [1-3]	Chicago	W. F. Hughes, Jr.	300	5,630	2	3	2	125
St. Luke's Hospital [1-3]	Chicago	E. H. Merz	383	.....	1	2	2	125
University of Chicago Clinics [1-3]	Chicago	F. W. Newell	306	6,919	1	3	3	200
University of Illinois Hospitals	.....	W. J. Hughes, Jr.	.....	.....	..	..	3	...
Illinois Eye and Ear Infirmary [1-3]	Chicago	.....	1,542	59,306	7	21	..	125
Research and Educational Hospitals [1-3]	Chicago	.....	331	10,575	2	3	..	125
Veterans Admin. Hospital [1]	Hines, Ill.	W. A. Mann	248	.....	1	4	2	...
Indiana University Medical Center								
Indianapolis General Hospital [1]	Indianapolis	M. Bartley	215	9,397	2	4	3	205
Indiana University Medical Center Hospital [1]	Indianapolis	F. M. Wilson	277	6,983	4	12	3	165
State University of Iowa Hospitals [1-3]	Iowa City	A. E. Braley	1,599	4,964	2	6	3	140
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. Lemoine, Jr.	647	4,625	2	3	3	125
University of Louisville Medical Center								
Louisville General Hospital [1-3]	Louisville, Ky.	C. D. Townes	139	6,748	..	2	2	105
Veterans Admin. Hospital [1-3]	Louisville, Ky.	C. D. Townes	102	742	1	2	2	...
Charity Hospital of Louisiana								
Independent Unit [1]	New Orleans	C. E. Clark	258	4,525	1	3	3	100
Louisiana State University Unit [1]	New Orleans	G. M. Haik	423	7,746	2	4	3	100
Tulane University Unit [1]	New Orleans	J. H. Allen	491	6,001	..	4	3	100
Eye, Ear, Nose and Throat Hospital [1]	New Orleans	W. M. Boles	1,494	16,920	..	10	3	125
Veterans Admin. Hospital [1-3]	New Orleans	J. H. Allen	136	916	1	2	3	...
Baltimore Eye, Ear, Nose and Throat Hospital [1-3-157]	Baltimore	M. L. Small	1,182	13,412	1	3	3	150
Johns Hopkins Hospital [1-3]	Baltimore	A. E. Maumenee	2,029	17,823	6	13	3	150
Veterans Admin. Hospital [1-3-157]	Fort Howard, Md.	H. A. Naquin	42	73	..	1	3	...
Boston City Hospital [1-3]	Boston	D. R. Alpert	485	20,255	..	7	3	132
Massachusetts Eye and Ear Infirmary [1-3]	Boston	E. B. Dunphy	3,932	42,369	4	11	3	42
Massachusetts Memorial Hospitals [1-3]	Boston	T. Gundersen	241	3,455	1	2	2	100
University Hospital [1-3-189]	Ann Arbor, Mich.	F. B. Fralick	702	14,715	5	15	3	154
Harper Hospital [1-3]	Detroit	A. D. Ruedemann, Sr.	1,482	.....	1	3	3	225
Henry Ford Hospital [1-3]	Detroit	J. S. Guyton	617	19,643	7	15	3	225
Wayne University Affiliated Hospitals		A. D. Ruedemann, Sr.	.....	.....	..	..	3	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	.....	126	1,432	..	1	3	...
Receiving Hospital [1-3]	Detroit	.....	656	17,510	5	15	..	289
Minneapolis General Hospital [1-3]	Minneapolis	K. E. Sandt	131	3,561	1	2	3	209
University of Minnesota Hospitals [1-3]	Minneapolis	E. W. Hansen	168	5,632	..	..	3	...
Veterans Admin. Hospital [1-3-210]	Minneapolis	E. W. Hansen	135	110	..	2	3	...
Mayo Foundation [1-3]	Rochester, Minn.	C. W. Rucker	834	38,000	6	18	3	175
Ancker Hospital [1-3]	St. Paul	F. Adair	78	3,549	1	1	3	185
Charles T. Miller Hospital [1-3]	St. Paul	T. J. Edwards	797	3,737	1	2	3	225
University Hospital [1]	Jackson, Miss.	S. Johnson	23	.....	..	2	3	250
Kansas City General Hospital No. 1	Kansas City, Mo.	J. R. Rufe	70	2,915	1	2	2	200
Barnes Hospital [1-3]	St. Louis	B. Becker	1,834	.....	4	13	3	50
Homer G. Phillips Hospital [1-3]	St. Louis	B. Becker	162	4,455	2	6	3	201
St. Louis City Hospital [1-3]	St. Louis	D. Bisno	197	6,844	1	3	3	92
St. Mary's Group of Hospitals [1-3]	St. Louis	R. D. Mattis	248	7,161	1	3	3	100
Veterans Admin. Hospital [1-3]	St. Louis	H. Rosenbaum	257	1,982	1	3	3	...
University of Nebraska Hospital [1-3]	Omaha	J. H. Judd	149	3,258	..	2	3	175
Jersey City Medical Center [1-3]	Jersey City, N. J.	F. X. Brophy	250	.....	1	3	3	108
Newark Eye and Ear Infirmary [1-3]	Newark, N. J.	L. W. Hughes	1,357	9,858	1	2	3	125
Brooklyn Eye and Ear Hospital [1-3]	Brooklyn, N. Y.	M. J. Buonaguro	2,881	27,169	4	8	3	100
Jewish Hospital [1-3]	Brooklyn, N. Y.	M. Lasky	259	3,717	2	3	3	100
Kings County Hospital								
Division II [1-3]	Brooklyn, N. Y.	R. Troutman	468	14,771	2	6	3	104
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	M. A. Lasky	181	.....	1	2	3	...
Buffalo General Hospital [1-3-242]	Buffalo	I. J. Koenig	451	1,999	1	1	3	200
Edward J. Meyer Memorial Hospital [1-3-247]	Buffalo	W. Y. Jones	117	3,852	2	4	3	248
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	I. D. Spivack	112	4,026	1	3	3	104
Queens General Hospital [1-3]	Jamaica, N. Y.	T. D'Angelo	2,869	3,373	1	2	3	175
Bellevue Hospital Center								
Div. IV New York University Post-Graduate Medical School [289]	New York City	A. G. DeVoe	384	18,751	4	10	3	71
Bronx Eye and Ear Infirmary [3]	New York City	N. J. Gould-S. Epstein	1,016	15,381	1	2	2	100
Bronx Municipal Hospital Center [1-3]	New York City	M. Chamlin	38	3,154	1	3	2	105
Goldwater Memorial Hospital [1-3]	New York City	S. Fox	2,196	338	2	3	2	104
Harlem Eye and Ear Hospital [1-3]	New York City	P. Muller	502	12,825	1	3	2	75
Lenox Hill Hospital [1-3]	New York City	B. F. Payne	339	4,574	1	2	3	180
Manhattan Eye, Ear and Throat Hospital [1-3]	New York City	R. T. Paton	2,940	52,519	5	10	2	...
Montefiore Hospital [1-3]	New York City	S. Gartner	288	.....	1	2	3	187
Mount Sinai Hospital [1-3]	New York City	J. Lavin	339	9,230	1	2	2	75
New York Eye and Ear Infirmary [1-3]	New York City	B. F. Payne	6,480	58,450	6	18	3	50
New York Hospital [1-3]	New York City	J. McLean	707	12,389	2	6	3	164
New York Polyclinic Medical School and Hospital [1-3]	New York City	H. H. Romaine	112	5,727	1	3	2	125
New York Medical College-Metropolitan Medical Center								
Metropolitan Hospital [1-3]	New York City	C. A. Turtz	139	.....	1	2	2	104
Presbyterian Hospital [1] (Institute of Ophthalmology)	New York City	J. H. Dunnington	2,967	28,307	3	9	3	250
St. Luke's Hospital	New York City	W. G. Frey	254	5,744	1	2	2	100
Veterans Admin. Hospital [1-3]	New York City (Bronx)	S. A. Fox	328	1	1	2	3	...
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	G. M. Breinin	261	1	1	3	3	...
St. Mary's Hospital [1-3]	Rochester, N. Y.	C. Sullivan	414	641	1	1	2	200
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	J. F. Gipner	386	.....	1	2	3	117
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	F. R. Webster	1,198	2,918	1	3	2	233
Grasslands Hospital [1-3]	Valhalla, N. Y.	C. Wood	99	5,445	1	3	3	175
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	S. D. McPherson	65	932	1	2	3	156
Duke University Affiliated Hospitals		W. B. Anderson	.....	.....	..	..	3	...
Duke Hospital [1-3]	Durham, N. C.	.....	567	6,626	2	5	..	127
Veterans Admin. Hospital [1-3]	Durham, N. C.	.....	189	.....	..	..	..	...
McPherson Hospital [1-3]	Durham, N. C.	S. D. McPherson, Jr.	761	22,535	1	3	3	150
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. W. Roberts	301	4,770	1	3	3	125
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-3]	Cincinnati	D. Lyle	261	6,656	2	5	2	100
City Hospital [1-3]	Cleveland	R. J. Nicholl	346	6,329	1	3	2	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	R. J. Kennedy	417	19,364	2	6	3	175
St. Luke's Hospital [1-3]	Cleveland	G. T. Schwartz	433	4,148	1	1	2	140
University Hospitals [1-3]	Cleveland	L. V. Johnson	853	6,861	1	3	2	125
Veterans Admin. Hospital [1-3]	Cleveland	J. E. L. Keyes	291	1,034	1	2	2	...
Ohio State University Hospitals								
University Hospital [1-3-212]	Columbus, Ohio	W. H. Havener	394	9,882	..	12	3	202
University of Oklahoma Hospitals [1-3]	Oklahoma City	J. R. Reed	354	5,556	1	3	2	...
University of Oregon Medical School Hospitals and Clinics [1-327]	Portland, Ore.	K. C. Swan	282	9,817	2	6	3	100
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	A. W. Mahood	193	4,992	..	2	2	185

Numerical and other references will be found on pages 556 through 559.

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14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Graduate Hospital of The University of Pennsylvania [1-3]...	Philadelphia	I. Leopold	915	2,313	3	6	3	...
Hospital of The University of Pennsylvania [1-3]	Philadelphia	F. H. Adler	764	5,462	3	9	3	100
Jefferson Medical College Hospital [1-3]	Philadelphia	C. R. Mullen	217	3,974	1	1	3	100
Philadelphia General Hospital [2]	Philadelphia	T. Cowan	207	6,459	1	2	3	121
Temple University Hospital [1-3-336]	Philadelphia	G. G. Gibson	223	3,462	2	6	3	...
Wills Eye Hospital [1-3]	Philadelphia	.....	5,006	87,369	8	16	2	...
Health Center Hospitals of the University of Pittsburgh								
School of Medicine	.....	.....	...	.....	..	..	3	...
Eye and Ear Hospital [1-3]	Pittsburgh	M. McCaslin	2,077	11,086	3	7	..	125
Montefiore Hospital [1-3]	Pittsburgh	H. Thorpe	557	2,567	1	3	3	225
Veterans Admin. Hospital [1-3]	Pittsburgh	R. N. Lehman	232	1	2	6	3	...
Robert Packer Hospital [1-3-309]	Sayre, Pa.	E. Kulczycki	466	6,964	1	1	1	200
Medical College of South Carolina								
Teaching Hospitals [1]	Charleston, S. C.	P. G. Jenkins	163	1,820	2	3	2	137
City of Memphis Hospitals [1-3]—Memphis Eye, Ear,								
Nose and Throat Hospital [1-3]	Memphis, Tenn.	P. M. Lewis	4,811	12,585	3	9	3	100
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	A. C. Krause	647	4	1	2	3	...
Parkland Memorial Hospital [1-3]	Dallas, Texas	C. W. Browning	2,330	4,015	2	5	3	125
Veterans Admin. Hospital [1-3-349]	Dallas, Texas	S. Gostin	228	.....	1	2	3	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	G. Robertson	390	5,841	..	4	2	160
Baylor University College of Medicine Affiliated Hospitals								
Jefferson Davis Hospital [1-3]	Houston, Texas	E. L. Goar	227	8,772	1	3	2	75
Veterans Admin. Hospital [1-3]	Houston, Texas	E. L. Goar	348	.....	1	3	3	...
Scott and White Memorial Hospitals [1-3]	Temple, Texas	E. R. Veirs	468	6,595	1	1	2	300
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. W. Burton	448	3,248	2	4	3	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	D. Guerry, III	413	6,812	1	3	3	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	E. W. Perkins	517	2,743	1	3	3	...
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	E. G. Gill	2,196	24,349	1	4	3	350
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. C. Laughlin	111	.....	..	1	2	125
University Hospitals [1-3]	Madison, Wis.	P. Duehr	513	4,452	2	4	3	100
Milwaukee County Hospital [1-3]	Milwaukee	E. F. Carl	257	9,639	2	4	2	207
Veterans Admin. Hospital [1-3-325]	Milwaukee, (Wood) Wis.	R. H. Lehman-J. B. Hitz	306	3,491	1	3	3	...
Gorgas Hospital [1]	Ancon, Canal Zone	R. H. Rupp	180	9,483	1	2	3	345
San Juan City Hospital [1-3]	San Juan, P. R.	G. Pico	190	.....	2	4	2	300

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 519 and 520.

Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals, 251; Assistant Residencies and Residencies, 993

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend Offered *
UNITED STATES ARMY									
Army Medical Center [1-3]	Washington, D. C.	M. S. Thompson	ACF	1,146	8	4	12	..	...
Brooke Army Hospital [1-3]	San Antonio, Texas	H. S. McBurney	ACF	1,466	5	3	9	..	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-3]	Bethesda, Md.	T. M. Foley	AF	1,015	..	3	6	20	...
NONFEDERAL AND VETERANS ADMINISTRATION									
Crippled Children's Hospital	Birmingham, Ala.	.....	C	.....	..	..	..	44, 68	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. D. Sherrill, Sr.	ACF	1,326	5	3	8	44	168
Veterans Admin. Hospital [1]	Birmingham, Ala.	M. A. Accinno	AF	298	1	..	3	44	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	C. L. Yelton	AF	898	..	1	4	68	225
Mobile County Hospital [1-3]	Mobile, Ala.	W. C. Hannon	ACF	596	4	1	1	..	300
Arkansas Children's Hospital [1]	Little Rock, Ark.	J. D. Christian	C	363	..	..	2	1	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	R. H. Hall	AF	456	1	1	3	64	...
Children's Hospital [1]	Los Angeles	S. S. Mathews	C	628	..	..	1	64	150
Los Angeles County Hospital [1]	Los Angeles	P. Walker	ACF	4,215	73	7	17	..	246
Orthopaedic Hospital [1-3]	Los Angeles	J. V. Luck	ACF	2,562	..	4	7	65, 79	200
Shriners Hospital for Crippled Children [1-3]	Los Angeles	G. W. Westin	C	272	..	2	2	3	200
University of California Hospital [1-3]	Los Angeles	P. E. McMaster	ACF	318	1	1	3	..	198
Children's Hospital of the East Bay [1]	Oakland, Calif.	E. N. Ewer	C	423	..	1	1	2	225
Highland—Alameda County Hospital [1]	Oakland, Calif.	H. Dickson	AF	857	5	1	2	3	200
Samuel Merritt Hospital [1]	Oakland, Calif.	E. G. Ewer	AF	1,348	..	1	2	2	195
Children's Hospital [1-3]	San Francisco	L. J. Larsen	C	463	..	..	2	2	250
Franklin Hospital [1-3]	San Francisco	F. C. Bost	A	1,131	6	3	3	2	200
St. Mary's Hospital [1-3]	San Francisco	J. J. Loutzenheiser	AF	704	2	1	3	79	150
San Francisco Hospital									
Stanford University Service [1-3]	San Francisco	F. J. Cox	AF	523	1	..	1	3	195
University of California Service [1-3]	San Francisco	E. R. Schottstaedt	AF	493	..	..	1	2	195
Shriners Hospital for Crippled Children [1]	San Francisco	F. C. Bost	C	252	..	..	2	2	117
Stanford University Hospitals [1-3]	San Francisco	D. E. King	A	1,093	..	1	3	3	80
University of California Hospital [1-3]	San Francisco	L. C. Abbott	A	478	1	..	3	2	210
Veterans Admin. Hospital [1-3-78]	San Francisco	L. C. Abbott-D. E. King	AF	289	..	1	3	2, 3	...
Harbor General Hospital [1]	Torrance, Calif.	W. G. Rhoter-S. Haft	AF	770	5	1	4	65	246
Children's Hospital [1-3]	Denver	I. E. Hendryson	C	657	1	2	2	4	200
Colorado General Hospital [1-3]	Denver	A. Thomas	AF	346	6	1	4	4	180
Denver General Hospital [1-3]	Denver	J. Miles	AF	521	13	..	..	4	157
Veterans Admin. Hospital [1-3]	Denver	M. E. Gibbens	AF	616	6	1	2	74	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	C. O. Bechtol	AF	974	10	..	3	5	50
Hospital of St. Raphael [2]	New Haven, Conn.	W. Perham	AF	528	8	2	6	43	150
Newington Home and Hospital for Crippled Children [1-3]	Newington, Conn.	B. H. Curtis	C	501	..	4	4	5, 62, 82	200
Alfred I. Du Pont Institute of the Nemours Foundation [1-3]	Wilmington, Del.	A. R. Shands, Jr.	C	216	..	2	2	20	150

Numerical and other references will be found on pages 556 through 559.

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend Offered *
District of Columbia General Hospital [1-8]	Washington, D. C	M. C. Cobey J. Neviaser	ACF	825	4	3	5	54	233
Washington Hospital Center Central Dispensary and Emergency Hospital [1-8]	Washington, D. C.	F. M. Hand- J. S. Neviaser	AF	1,292	3	1	3	54	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	A. H. Weiland	AF	1,890	11	2	6	76	75
Variety Children's Hospital	Miami, Fla.	R. P. Kelser	C	435	..	..	..	76	..
Orange Memorial Hospital [1-3]	Orlando, Fla.	N. C. McCollough	ACF	1,437	2	1	3	..	325
American Legion Hospital for Crippled Children [1-3]	St. Petersburg, Fla.	R. C. Lonergan	C	508	1	..	1	78	150
Tampa General Hospital [1-3]	Tampa, Fla.	F. Lindeman	ACF	864	6	1	3	78	250
Georgia Baptist Hospital	Atlanta, Ga.	.....	AF	.....	..	..	..	86	...
Grady Memorial Hospital [1-3]	Atlanta, Ga.	R. P. Kelly	ACF	868	..	3	9	39	100
Eugene Talmadge Memorial Hospital	Augusta, Ga.	.....	AF	.....	..	..	..	86	...
University Hospital [1]	Augusta, Ga.	J. L. Chandler	ACF	754	..	..	6	86	200
Emory University Hospital [1-3]	Emory University, Ga.	R. P. Kelly	A	778	2	..	3	39	255
Chicago Wesley Memorial Hospital [1-3]	Chicago	E. L. Compere	ACF	1,506	2	1	3	7	125
Cook County Hospital [1-3]	Chicago	F. Shapiro	ACF	826	7	1	4	..	100
Michael Reese Hospital	Chicago	S. Sideman	AC	997	..	1	3	42	100
Passavant Memorial Hospital [1-3]	Chicago	E. Hauser	A	641	..	2	2	7	50
St. Elizabeth Hospital [2]	Chicago	C. Seuferi	F	1,034	4	1	1	42	200
St. Luke's Hospital [1-3]	Chicago	C. N. Lambert	AF	449	1	1	2	47	125
Shriners Hospital for Crippled Children [3]	Chicago	H. A. Sofield	C	290	..	3	3	50	33
University of Chicago Clinics [1-3]	Chicago	C. H. Hatcher	ACF	987	5	1	4	..	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	R. D. Ray	ACF	1,095	9	1	7	47	125
Veterans Admin. Research Hospital [1]	Chicago	E. L. Compere	AF	268	3	..	2	7	...
Evanston Hospital [1-3]	Evanston, Ill.	V. C. Turner	AF	909	3	1	1	7	225
St. Francis Hospital [1]	Evanston, Ill.	J. J. Fahey	AF	1,082	..	2	2	7	175
Veteran's Admin. Hospital [1]	Hines, Ill.	H. A. Sofield	AF	1,169	7	3	16	50	...
West Suburban Hospital [3]	Oak Park, Ill.	H. A. Sofield	AF	349	..	1	1	50	225
St. Francis Hospital [1-3]	Peoria, Ill.	H. E. Cooper	ACF	2,074	4	1	3	..	225
Indianapolis General Hospital [1]	Indianapolis	L. I. Thomas	AF	846	20	1	4	8	205
Indiana University Medical Center Hospital [1]	Indianapolis	G. J. Garceau	ACF	742	2	..	7	8	215
St. Vincent's Hospital [1-3]	Indianapolis	G. J. Garceau	ACF	1,097	7	1	3	8	275
Veterans Admin. Hospital [1-3]	Indianapolis	G. J. Garceau	AF	429	..	..	1	8	...
Veterans Admin. Hospital [1-3]	Des Moines, Iowa	D. N. Gibson	AF	1,206	3	1	3	55	...
State University of Iowa Hospitals [1-3]	Iowa City	C. B. Larson	ACF	2,237	11	4	12	55	140
University of Kansas Medical Center [1-3]	Kansas City, Kan.	L. Pelltier	ACF	526	4	1	3	..	125
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	R. L. Diveley	AF	188	10	2	4	18	...
St. Francis Hospital [1-3]	Wichita, Kan.	H. O. Marsh	ACF	1,448	2	1	3	..	275
Good Samaritan Hospital *	Lexington, Ky.	K. Thompson	ACF	1,531	1	1	1	59	225
St. Joseph Hospital [1-3]	Lexington, Ky.	O. B. Murphy	ACF	996	4	1	1	59	230
Shriners Hospital for Crippled Children [1-3]	Lexington, Ky.	T. D. Yocum	C	140	..	..	2	9	200
Kosair Crippled Children Hospital [1-3]	Louisville, Ky.	K. A. Fischer	C	705	..	4	4	9	250
Louisville General Hospital [1-3]	Louisville, Ky.	K. A. Fischer	AF	450	6	..	3	9	105
Veterans Admin. Hospital [1-3]	Louisville, Ky.	J. Lyford, III	AF	540	3	1	3	9	...
Charity Hospital of Louisiana Independent Unit [1]	New Orleans	L. K. Loomis	ACF	501	5	1	6	..	100
Louisiana State University Unit [1]	New Orleans	H. T. Simon	ACF	1,120	13	4	12	..	100
Tulane University Unit [1]	New Orleans	J. Wickstrom	ACF	1,530	14	3	12	10	100
Oehsner Foundation Hospital [1-118]	New Orleans	G. A. Caldwell	AF	343	..	1	4	56	225
Touro Infirmary [1]	New Orleans	G. Berkett	ACF	1,192	1	1	3	10, 56	125
Veterans Admin. Hospital [1-3]	New Orleans	R. H. Alldredge	AF	361	3	1	4	10	...
Confederate Memorial Medical Center [1]	Shreveport, La.	C. R. Reed	ACF	1,253	6	2	8	70	125
Shriners Hospital for Crippled Children [1]	Shreveport, La.	G. A. Caldwell	C	279	..	..	1	70	200
Baltimore City Hospital [1-3]	Baltimore	M. M. Ravitch	AF	693	4	..	1	57	50
Children's Hospital School	Baltimore	.....	C	649	..	..	..	57	...
Johns Hopkins Hospital [1-3]	Baltimore	R. A. Robinson	AF	890	5	..	7	57	150
Boston City Hospital [1-3]	Boston	A. P. Aitken	AF	2,007	4	..	9	13, 66	132
Children's Medical Center [1-3]	Boston	W. T. Green	C	936	..	5	15	11	...
Lahey Clinic [1-3]	Boston	G. E. Haggart	A	506	1	4	12	60	200
Massachusetts General Hospital [1-3]	Boston	J. S. Barr	ACF	1,916	..	4	7	11	67
Peter Bent Brigham Hospital [1-3]	Boston	W. T. Green	AF	Incl. in Surgery		1	1	11	41.66
Veterans Admin. Hospital [1-3-175]	Boston (Jamaica Plain)	A. Thibodeau	AF	904	1	2	6	13	...
Massachusetts Hospital School [1-180]	Canton, Mass	F. L. Norton	CF	196	2	2	2	13, 66	600
Shriners Hospital for Crippled Children [3]	Springfield, Mass.	G. D. Hough, Jr.	C	275	..	..	2	66	150
University Hospital [1-3-180]	Ann Arbor, Mich.	C. E. Badgley	ACF	1,642	14	5	15	..	186
Children's Hospital [1-4]	Detroit	F. J. Fischer	C	349	..	..	2	12	200
Harper Hospital [1-3]	Detroit	F. J. Fischer	A	994	2	2	2	12	250
Henry Ford Hospital [1-3]	Detroit	C. L. Mitchell	ACF	1,240	6	4	12	..	225
Receiving Hospital [1-3]	Detroit	A. Goetz	F	796	6	..	2	12	310
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	C. F. Frantz	ACF	763	6	1	3	..	275
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	G. T. Aitken	ACF	630	7	1	3	..	250
Borgess Hospital [1]	Kalamazoo, Mich.	R. De Long	ACF	862	1	1	4	..	275
Shriners Hospital for Crippled Children [1-3]	Minneapolis	D. R. Lamin	C	292	..	1	2	16	150
Veterans Admin. Hospital [1-3]	Minneapolis	E. T. Evans	AF	593	3	..	9	16	...
Mayo Foundation [1-3]	Rochester, Minn.	H. H. Young	ACF	5,993	19	8	32	..	175
Gillette State Hospital for Crippled Children [1-3]	St. Paul	W. Cole	C	264	..	..	..	16	205
Mississippi Baptist Hospital [1-3]	Jackson, Miss.	T. H. Blake	ACF	1,383	1	1	3	73	250
University Hospital [1]	Jackson, Miss.	W. F. Enneking	AF	167	2	..	2	73	259
Veterans Admin. Hospital [1-3]	Jackson, Miss.	T. S. Robertson	AF	846	2	..	1	73	...
Children's Mercy Hospital	Kansas City, Mo.	C. Vilmer	C	217	..	..	1	18	200
Kansas City General Hospital No. 1	Kansas City, Mo.	F. G. Pipkin	AF	534	18	..	2	18	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	R. L. Diveley	ACF	980	13	1	3	18	225
Veterans Admin. Hospital [1]	Kansas City, Mo.	R. L. Diveley	AF	245	5	..	..	18	...
Barnes Hospital [1-3]	St. Louis	F. Reynolds	ACF	1,317	3	4	9	60	75
St. Louis City Hospital [1-3]	St. Louis	J. O. Lottes R. E. Funsch	F	961	4	..	1	46, 60	92
St. Mary's Group of Hospitals [1-3]	St. Louis	R. M. O'Brien	ACF	735	..	2	6	46	100
Shriners Hospital for Crippled Children [1]	St. Louis	C. H. Crego, Jr.	C	517	..	..	2	60	100
Nebraska Orthopedic Hospital [1]	Lincoln, Neb.	F. Teal	C	629	1	1	1	33, 61	150
Veterans Admin. Hospital [1-3]	Lincoln, Neb.	J. E. M. Thomson	AF	308	4	1	4	33	...
University of Nebraska Hospital [1-3]	Omaha	W. R. Hamsa	ACF	105	2	1	1	61	175
Mary Hitchcock Memorial Hospital	Hanover, N. H.	.....	AF	.....	..	..	..	82	...
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	R. Halbstein	ACF	757	8	1	3	..	200
Hospital for Crippled Children [1-3]	Newark, N. J.	H. Kessler- A. D'Agostini	AC	1,410	2	..	2	67	150
Hospital Center at Orange		.....	ACF	.....	..	..	..	..	...
New Jersey Orthopaedic Hospital and Dispensary [1-3]	Orange, N. J.	H. T. Hansen	.....	1,288	2	3	3	..	150
Orange Memorial Hospital [1-3]	Orange, N. J.	H. T. Hansen	.....	.....	..	..	..	..	...
St. Joseph's Hospital [1]	Paterson, N. J.	R. R. Goldenberg	ACF	783	8	1	3	..	200
Carrie Tingley Hospital for Crippled Children [1-3]	Truth or Consequences, N. Mex.	E. H. Chapman	C	458	1	1	2	4, 7, 74	150

Numerical and other references will be found on pages 556 through 559.

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15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend Offered *
House of St. Giles the Cripple [1-3]	Brooklyn, N. Y.	M. Cleveland	C	186	..	..	3	26, 41	100
Jewish Chronic Disease Hospital [1-3]	Brooklyn, N. Y.	M. Schneider	C	88	1	1	1	84	200
Jewish Hospital [1-3]	Brooklyn, N. Y.	S. Bernstein-A. Kenin	AF	667	..	1	2	84	100
Kings County Hospital									
Division I [1-3]	Brooklyn, N. Y.	C. C. Vitale	ACF	338	..	1	3	..	104
Division II [1-3]	Brooklyn, N. Y.	R. F. Warren	ACF	506	4	1	3	..	104
St. Charles Hospital [1-3]	Brooklyn, N. Y.	H. C. Fett	C	337	..	4	4	52	125
Veterans Admin. Hospital [1-3-238]	Brooklyn, N. Y.	S. E. Chessid	AF	360	1	1	3	52	....
Buffalo General Hospital [1-3]	Buffalo	B. E. Obletz	AF	1,000	3	3	6	24	175
Children's Hospital [1-3]	Buffalo	J. D. Godfrey	C	467	..	..	3	24	175
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	J. P. Cole	AF	229	4	1	2	83	248
Veterans Admin. Hospital [1-3]	Buffalo	W. M. Chardack	AF	478	1	1	3	24	....
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	O. C. Hudson	F	1,893	10	4	4	38	225
Nassau Hospital [1-3]	Mineola, N. Y.	O. C. Hudson	AF	1,639	2	1	3	38	318
Bellevue Hospital Center									
Div. IV—New York University Post-Graduate Medical School [267]	New York City	W. A. L. Thompson	ACF	360	2	4	12	51	71
Bronx Municipal Hospital Center [1-3]	New York City	A. Schildhaus	ACF	297	6	2	6	..	105
Hospital for Joint Diseases [1-3]	New York City	J. E. Milgram	ACF	2,995	10	6	19	..	80
Hospital for Special Surgery [1-3]	New York City	T. C. Thompson	ACF	2,063	10	4	12	22	160
Metropolitan Hospital [1-3]	New York City	M. J. Wilson	AF	497	..	2	4	67	104
Mount Sinai Hospital [1-3]	New York City	R. K. Lippmann	ACF	1,032	4	2	4	..	75
New York Polyclinic Medical School and Hospital	New York City	D. M. Bosworth	F	216	1	..	1	26	125
Presbyterian Hospital [1-3]	New York City	F. E. Stinchfield	ACF	2,043	2	6	24	..	250
St. Luke's Hospital	New York City	D. M. Bosworth	ACF	807	2	1	3	41	100
Veterans Admin. Hospital [1-3-260]	New York City (Bronx)	T. C. Thompson	AF	714	4	2	4	22	....
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	G. Truehly	AF	504	2	2	6	80	....
St. Charles Hospital [1-3]	Port Jefferson, N. Y.	F. S. Child	C	479	..	..	3	38, 43	150
Rochester General Hospital [1-3]	Rochester, N. Y.	M. L. Rowe, Jr.	A	....	..	..	..	31	125
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N.Y.	R. P. Schwartz	ACF	1,252	..	3	7	31	117
Ellis Hospital [1-3]	Schenectady, N. Y.	W. E. Gazeley	ACF	1,369	1	1	3	..	150
St. Vincent's Hospital [1-3]	Staten Island, N. Y.	D. M. Bosworth	F	564	1	1	1	26	150
Sea View Hospital [1-3-290]	Staten Island, N. Y.	D. M. Bosworth	A	170	2	4	4	26	157
Rehabilitation Hospital [1-3]	West Haverstraw, N. Y.	J. C. McCauley	C	632	1	4	4	51, 80	261
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	R. B. Raney	AF	458	1	1	2	81	156
Charlotte Memorial Hospital [1]	Charlotte, N. C.	C. R. Carr	AF	1,484	8	1	4	88	250
Duke University Hospital [1-3-287]	Durham, N. C.	L. D. Baker	ACF	821	2	6	19	19	127
Veterans Admin. Hospital [1-3]	Durham, N. C.	E. S. Whitesides	AF	754	2	..	..	19	....
North Carolina Orthopedic Hospital	Gastonia, N. C.	W. M. Roberts	C	224	..	4	4	19, 81	150
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	H. F. Forsyth	AF	959	1	2	4	77	125
Akron City Hospital [1]	Akron, Ohio	A. E. Davis	AF	1,489	1	2	6	55	250
Akron General Hospital [1]	Akron, Ohio	D. I. Minnig	AF	1,296	4	1	4	58	250
Mary Day Nursery and Children's Hospital [1-3]	Akron, Ohio	F. B. Roberts	C	898	..	2	6	15, 58	250
Children's Hospital [1]	Cincinnati	J. A. Freiberg	C	....	..	..	..	17	....
Cincinnati General Hospital [1-3]	Cincinnati	J. Freiberg	AF	307	4	2	6	17	75
Jewish Hospital [1-3]	Cincinnati	R. Perlman	A	855	5	..	1	17	165
Cleveland Clinic Hospital [1-3]	Cleveland	J. I. Kendrick	ACF	972	15	2	6	..	175
St. Luke's Hospital [1-3]	Cleveland	W. H. McGaw	ACF	1,187	3	1	4	..	140
University Hospitals [1-3]	Cleveland	C. H. Herndon	ACF	1,521	1	..	4	27	125
Veterans Admin. Hospital [1-3]	Cleveland	W. H. McGaw	I	554	..	1	4	27	....
Children's Hospital [1-3]	Columbus, Ohio	H. B. Lacey	C	573	1	..	4	25	200
Mount Carmel Hospital [1]	Columbus, Ohio	H. B. Lacey	AF	1,370	3	1	2	25	275
Ohio State University Hospitals									
University Hospital [1-3]	Columbus, Ohio	W. S. Smith	AF	472	9	..	5	25	202
White Cross Hospital [1-3]	Columbus, Ohio	J. D. Wilson	AF	1,173	1	1	3	25	200
Elyria Memorial Hospital [1-3]	Elyria, Ohio	C. H. Heyman	C	228	..	..	2	27	270
St. Vincent's Hospital [1-3]	Toledo, Ohio	A. L. Bershon	ACF	1,282	5	1	3	..	275
Youngstown Hospital [1-3]	Youngstown, Ohio	W. D. McElroy	AF	1,365	8	1	3	71	175
Bone and Joint Hospital [1]	Oklahoma City	E. D. McBride	AF	2,076	2	1	4	53	300
St. Anthony Hospital	Oklahoma City	W. K. West	A	1,843	4	1	1	53	250
University of Oklahoma Hospitals [1-3-320]	Oklahoma City	D. H. O'Donoghue	ACF	1,252	2	2	8	53	....
Veterans Admin. Hospital [1-3]	Oklahoma City	W. K. West	A	736	4	..	1	53	....
Emanuel Hospital [1-3]	Portland, Ore.	T. J. Boyden	AF	2,073	12	..	2	28	275
Shriners Hospital for Crippled Children [1-3]	Portland, Ore.	L. S. Lucas	C	386	..	..	2	28	100
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	W. E. Snell	AF	650	12	2	8	28	100
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	L. F. Bush	AF	780	4	1	3	6	175
State Hospital for Crippled Children [1-3]	Elizabethtown, Pa.	T. Outland	C	315	1	..	..	21	....
Hamot Hospital [1-3]	Erie, Pa.	C. W. Fortune	ACF	1,847	5	1	4	..	225
Albert Einstein Medical Center	Philadelphia	....	ACF	1,587	1	1	4	..	100
Children's Hospital [1-3]	Philadelphia	J. T. Nicholson	C	244	..	..	2	23, 72	75
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. Nicholson	A	276	..	1	1	23	100
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Colonna	ACF	943	8	2	7	..	65
Jefferson Medical College Hospital [1-3]	Philadelphia	A. F. De Palma	ACF	1,204	3	..	5	21	100
Pennsylvania Hospital [1-3]	Philadelphia	J. T. Nicholson	F	284	3	1	1	23	200
Philadelphia General Hospital [1]	Philadelphia	J. Stein	ACF	968	24	2	6	..	121
Shriners Hospital for Crippled Children [1-3]	Philadelphia	J. R. Moore	C	241	..	1	4	29	75
Temple University Hospital [1-3]	Philadelphia	J. R. Moore	AF	1,064	9	2	6	29	....
Allegheny General Hospital [1]	Pittsburgh	P. B. Steele-J. A. Heberling	ACF	1,897	16	1	2	69, 71, 83	200
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh	A. Ferguson	....	2,705	18	3	9	..	125
Children's Hospital [1-3]	Pittsburgh	....	C	....	..	..	..	6, 30	....
Presbyterian Hospital	Pittsburgh	....	AF	....	..	..	..	30	....
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	C. C. Yount	A	261	..	..	1	69	200
Veterans Admin. Hospital [1-3]	Pittsburgh	P. G. Lathe	AF	1,456	18	..	3	30	....
Reading Hospital [1-3]	Reading, Pa.	E. J. Morrissey	AF	771	10	1	3	72	225
Robert Packer Hospital [1-3]	Sayre, Pa.	D. R. Baker	ACF	997	4	1	3	..	200
Rhode Island Hospital [1-3]	Providence, R. I.	K. G. Burton	ACF	1,711	9	1	4	..	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	J. Siegling	ACF	496	2	1	3	45	137
Columbia Hospital of Richland County [1-3]	Columbia, S. C.	W. A. Boyd	ACF	1,749	3	1	3	..	175
Veterans Admin. Hospital [1-3]	Columbia, S. C.	J. T. Green	AF	328	2	1	3	45	....
Greenville General Hospital [1-3]	Greenville, S. C.	F. Stelling	AF	879	1	..	3	19	250
Shriners Hospital for Crippled Children [1-3]	Greenville, S. C.	F. H. Stelling	C	343	..	..	3	19, 48, 77	100
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	J. J. Killefler	ACF	1,655	11	1	3	..	225
East Tennessee Baptist Hospital [1-3]	Knoxville, Tenn.	....	AF	....	..	..	..	85	....
East Tennessee Crippled Children's Hospital	Knoxville, Tenn.	....	C	....	..	..	..	85	....
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	....	AF	....	..	..	..	85	....
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.	....	AF	....	..	..	..	85	....
Campbell Clinic Hospital [1-315]	Memphis, Tenn.	J. S. Speed	ACF	2,313	2	2	12	..	50

Numerical and other references will be found on pages 556 through 559.

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend Offered *
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	D. M. Street	AF	1,189	5	2	7	1	...
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	E. M. Regen	AC'F	1,055	1	1	3	..	50
Baylor University Hospital [1-3]	Dallas, Tex.	M. P. Knight	A	2,100	2	1	2	32	160
Parkland Memorial Hospital [1-3]	Dallas, Texas	C. F. Gregory	F	633	5	2	2	32	150
Texas Scottish Rite Hospital for Crippled Children [1-3]	Dallas, Texas	B. Carrell	C	682	..	1	3	32, 75	125
Hermann Hospital [1-3]	Houston, Texas	E. T. Smith	AC'F	1,870	2	1	4	..	100
Jefferson Davis Hospital [1-3]	Houston, Texas	F. A. Bloom	AC'F	776	8	2	5	49	100
Veterans Admin. Hospital [1-3]	Houston, Texas	B. F. Boylston	AF	1,103	1	2	5	49	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	V. M. Bryant	AF	1,268	1	1	6	75	...
Scott and White Memorial Hospitals [1-3]	Temple, Texas	R. A. Murray	AC'F	810	1	1	3	..	300
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	P. Milligan	AF	928	3	..	3	63	250
Primary Children's Hospital [1-3]	Salt Lake City	B. G. Holbrook	C	327	..	..	..	7, 63	200
Salt Lake County General Hospital [1]	Salt Lake City	P. A. Pemberton	F	105	1	1	1	34	150
Shriners Hospitals for Crippled Children [1-3]	Salt Lake City	P. A. Pemberton	C	243	..	2	2	34	150
Veterans Admin. Hospital [1]	Salt Lake City	J. A. Gubler	A	376	1	..	1	34	...
Veterans Admin. Hospital	White River Jct., Vt.	...	F	...	...	...	...	82	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	J. H. Allen	AC'F	789	3	3	6	..	50
Crippled Children's Hospital [1-3]	Richmond, Va.	J. T. Tucker	C	426	..	..	1	35	200
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	M. J. Hoover	AF	1,478	14	3	9	35	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	R. D. Butterworth	AF	959	1	1	4	35	...
Children's Orthopedic Hospital [1-3]	Seattle	J. F. LeCoco	C	852	1	..	3	36	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	J. F. LeCoco	AF	920	32	..	2	36	165
Providence Hospital [1-3]	Seattle	B. E. McConville	A	2,180	2	1	1	36	250
Veterans Admin. Hospital	Seattle	J. W. Bell	A	700	2	..	1	36	...
University Hospitals [1-3]	Madison, Wis.	R. Burns	AC'F	727	16	2	5	..	100
Columbia Hospital [1-3-376]	Milwaukee	A. C. Schmidt	AF	822	8	2	8	37	245
Milwaukee Children's Hospital [1-3]	Milwaukee	W. P. Blount	C	482	..	2	2	37, 40	175
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	P. L. Carnesale	AF	1,299	8	1	5	40	...
Shriners Hospitals for Crippled Children [1]	Honolulu, T. H.	L. J. Larsen	C	161	..	1	1	30	100

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 519 and 520.

Residents completing three years of training in Adult Orthopedics and Fractures at these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 26; Assistant Residencies and Residencies, 86

UNITED STATES AIR FORCE

U. S. Air Force Hospital	San Antonio, Texas	E. W. Brannon	AF	1,029	1	..	6	..	...

UNITED STATES ARMY

Letterman Army Hospital [1-3]	San Francisco	J. Blair	AF	1,091	1	3	9	..	...
Fitzsimons Army Hospital [1]	Denver	A. W. Spittler	AF	855	..	1	3	..	...

UNITED STATES NAVY

U. S. Naval Hospital [1-3]	Oakland, Calif.	H. A. Streit	AF	1,494	..	2	4	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	W. S. Stryker	AF	718	3	3	6	..	...
U. S. Naval Hospital [1]	Philadelphia	W. D. Bundens, Jr.	AF	957	..	2	4	..	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	C. A. Stevenson	AF	2,169	..	2	4	..	...

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Freedmen's Hospital [1-3]	Washington, D. C.	J. R. Gladden	AF	414	3	..	1	..	218

NONFEDERAL AND VETERANS ADMINISTRATION

Veterans Admin. Hospital [1-3-162]	Los Angeles	R. Mazet, Jr.	AF	1,147	10	3	7	..	...
White Memorial Hospital [1-3]	Los Angeles	T. G. Reynolds	AF	374	..	1	3	..	150
San Diego County General Hospital [1-3]	San Diego, Calif.	F. E. West	AF	387	1	1	3	..	175
St. Joseph's Hospital [1-3]	San Francisco	R. Soto-Hall	AF	919	2	1	3	..	300
Methodist Hospital [1]	Indianapolis	W. Norman	AF	1,857	7	1	3	..	278
Mercy Hospital [1-3]	Iowa City	W. Gehman	AF	772	1	2	2	..	100
Massachusetts Memorial Hospitals [1-3]	Boston	K. Cristophe	A	229	2	1	1	62	100
Lynn Hospital [1-3]	Lynn, Mass.	D. M. Killoran	F	1,109	14	1	1	62	150
Worcester City Hospital [1-3]	Worcester, Mass.	C. King	AF	710	7	1	1	..	215
Veterans Admin. Hospital [1-3]	St. Louis	O. P. Hampton, Jr.	AF	411	1	1	3	..	...
Albany Hospital [1-3]	Albany, N. Y.	C. Campbell	AF	865	3	1	4	..	160
Queens Hospital Center [1-3]	Jamaica, N. Y.	F. C. Courten	AF	186	6	1	3	..	105
Lenox Hill Hospital [1-3]	New York City	H. Jordan S. S. Gaynor	AF	749	1	1	1	..	180
Mount Sinai Hospital [1-3]	Cleveland	A. Miller	AF	952	4	1	2	..	215
Veterans Admin. Hospital [1-3]	Portland, Ore.	R. C. Merrifield	AF	718	1	1	2	..	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	E. O. Geckeler	AF	956	6	2	4	..	75
Veterans Admin. Hospital [1-3-337]	Philadelphia	A. F. DePalma	AF	396	..	..	2	..	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	G. W. N. Eggers	AF	712	2	2	4	..	160

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in children's orthopedic surgery as an independent program. Some of these services also participate in an integrated program offering full training in all categories of Orthopedic Surgery and are also listed on pages 515 through 518.

Hospitals, 12; Assistant Residencies and Residencies, 17

NONFEDERAL

Children's Hospital [1]	Los Angeles	S. S. Mathews	C	628	..	..	1	..	150
Shriners Hospital for Crippled Children [1-3]	Los Angeles	G. W. Westin	C	272	..	2	2	..	200
Children's Hospital of the East Bay [1]	Oakland, Calif.	E. N. Ewer	C	423	..	1	1	..	225
Newington Home and Hospital for Crippled Children [1-3]	Newington, Conn.	B. H. Curtis	C	501	..	4	4	..	200
Hope Haven Hospital	Jacksonville, Fla.	F. L. Fort	C	302	..	..	1	..	225
American Legion Hospital for Crippled Children [1-3. St. Petersburg, Fla.		R. C. Lonergan	C	508	1	..	1	..	150
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	J. H. Klte	C	279	..	1	1	..	200
Children's Memorial Hospital [1-3]	Chicago	C. N. Pease	C	309	..	..	1	..	125
Shriners Hospital for Crippled Children [1-3]	Lexington, Ky.	T. D. Yocum	C	140	..	..	2	..	200
James Lawrence Kernan Hospital for Crippled Children [1-3]	Baltimore	A. F. Voshell	C	501	..	..	2	..	250
Primary Children's Hospital [1-3]	Salt Lake City	B. G. Holbrook	C	327	..	..	..	..	200
Shriners Hospitals for Crippled Children [1]	Spokane, Wash.	N. R. Brown	C	223	..	..	1	..	...

Numerical and other references will be found on pages 556 through 559.

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15. ORTHOPEDIC SURGERY—Continued

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	Arkansas Children's Home and Hospital	Little Rock, Ark.
	Veterans Admin. Hospital	Memphis, Tenn.
2.	Children's Hospital of the East Bay	Oakland, Calif.
	Samuel Merritt Hospital	Oakland, Calif.
	Veterans Admin. Hospital	San Francisco
	Children's Hospital	San Francisco
	Franklin Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	University of California Hospital	San Francisco
3.	Shriners Hospital for Crippled Children	Los Angeles
	Highland-Alameda County Hospital	Oakland, Calif.
	Veterans Admin. Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Stanford University Hospital	San Francisco
4.	Children's Hospital	Denver
	Colorado General Hospital	Denver
	Denver General Hospital	Denver
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. Mex.
5.	Grace-New Haven Community Hospital	New Haven, Conn.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
6.	George F. Geisinger Memorial Hospital	Danville, Pa.
	Children's Hospital	Pittsburgh
7.	Chicago Wesley Memorial Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	Veterans Admin. Research Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. Mex.
	Primary Children's Hospital	Salt Lake City
8.	Veterans Admin. Hospital	Indianapolis
	Indianapolis General Hospital	Indianapolis
	Indiana University Medical Center	Indianapolis
	St. Vincent's Hospital	Indianapolis
9.	Shriners Hospital for Crippled Children	Lexington, Ky.
	Veterans Admin. Hospital	Louisville, Ky.
	Kosair Crippled Children Hospital	Louisville, Ky.
	Louisville General Hospital	Louisville, Ky.
10.	Veterans Admin. Hospital	New Orleans
	Charity Hospital of Louisiana Tulane University Unit	New Orleans
	Touro Infirmary	New Orleans
11.	Children's Medical Center	Boston
	Massachusetts General Hospital	Boston
	Peter Bent Brigham Hospital	Boston
12.	Children's Hospital	Detroit
	Harper Hospital	Detroit
	Receiving Hospital	Detroit
13.	Veterans Admin. Hospital	Boston
	Boston City Hospital	Boston
	Massachusetts Hospital School	Canton, Mass.
14.	Rehabilitation Hospital	West Haverstraw, N. Y.
	University of Virginia Hospital	Charlottesville, Va.
15.	Mary Day Nursery and Children's Hospital	Akron, Ohio
	Akron City Hospital	Akron, Ohio
16.	Veterans Admin. Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	Gillette State Hospital for Crippled Children	St. Paul
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Jewish Hospital	Cincinnati
18.	Veterans Admin. Hospital	Wadsworth, Kansas
	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital No. 1	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
	Veterans Admin. Hospital	Kansas City, Mo.
19.	Duke Hospital	Durham, N. C.
	Veterans Admin. Hospital	Durham, N. C.
	North Carolina Orthopaedic Hospital	Gastonia, N. C.
	Greenville General Hospital	Greenville, S. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	U. S. Naval Hospital	Bethesda, Md.
21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Jefferson Medical College Hospital	Philadelphia
22.	Veterans Admin. Hospital (Bronx)	New York City
	Hospital for Special Surgery	New York City
23.	Children's Hospital	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Pennsylvania Hospital	Philadelphia
24.	Veterans Admin. Hospital	Buffalo
	Buffalo General Hospital	Buffalo
	Children's Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
	Ohio State University Hospitals University Hospital	Columbus, Ohio
	White Cross Hospital	Columbus, Ohio
26.	House of St. Giles the Cripple	Brooklyn
	New York Polyclinic Medical School and Hospital	New York City
	St. Vincent's Hospital	Staten Island, N. Y.
	Seaview Hospital	Staten Island, N. Y.
27.	University Hospital	Cleveland
	Veterans Admin. Hospital	Cleveland
	Elyria Memorial Hospital	Elyria, Ohio
28.	Emanuel Hospital	Portland, Oregon
	Shriners Hospital for Crippled Children	Portland, Oregon
	University of Oregon Medical School Hospitals and Clinics	Portland, Oregon
29.	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
30.	Children's Hospital	Pittsburgh
	Presbyterian Hospital	Pittsburgh
	Veterans Administration Hospital	Pittsburgh
31.	Rochester General Hospital	Rochester, N. Y.
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
32.	Baylor University Hospital	Dallas, Texas
	Parkland Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
33.	Nebraska Orthopedic Hospital	Lincoln, Nebr.
	Veterans Admin. Hospital	Lincoln, Nebr.
34.	Veterans Admin. Hospital	Salt Lake City
	Salt Lake County General Hospital	Salt Lake City
	Shriners Hospital for Crippled Children	Salt Lake City
35.	Veterans Admin. Hospital	Richmond, Va.
	Crippled Children's Hospital	Richmond, Va.
	Medical College of Virginia-Hospital Div.	Richmond, Va.
36.	Veterans Admin. Hospital	Seattle
	Children's Orthopedic Hospital	Seattle
	King County Hospital, Unit 1 (Harborview)	Seattle
	Providence Hospital	Seattle
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
38.	Meadowbrook Hospital	Hempstead, N. Y.
	Nassau Hospital	Mineola, N. Y.
	St. Charles Hospital	Port Jefferson, N. Y.
39.	Grady Memorial Hospital	Atlanta, Ga.
	Emory University Hospital	Emory University, Ga.
40.	Veterans Admin. Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
41.	House of St. Giles the Cripple	Brooklyn
	St. Luke's Hospital	New York City
42.	Michael Reese Hospital	Chicago
	St. Elizabeth's Hospital	Chicago
43.	Hospital of St. Raphael	New Haven, Conn.
	St. Charles Hospital	Port Jefferson, N. Y.
44.	Veterans Admin. Hospital	Birmingham, Ala.
	Crippled Children's Hospital	Birmingham, Ala.
	University Hospital and Hillman Clinic	Birmingham, Ala.
45.	Veterans Admin. Hospital	Columbia, S. Car.
	Medical College of South Carolina Teaching Hospitals	Charleston, S. Car.
46.	St. Louis City Hospital	St. Louis
	St. Mary's Group of Hospitals	St. Louis
47.	St. Luke's Hospital	Chicago
	University of Illinois Research and Educational Hospitals	Chicago
48.	Charlotte Memorial Hospital	Charlotte, N. Car.
	Shriners Hospital for Crippled Children	Greenville, S. Car.
49.	Veterans Admin. Hospital	Houston, Texas
	Jefferson Davis Hospital	Houston, Texas
50.	Veterans Admin. Hospital	Hines, Illinois
	Shriners Hospital for Crippled Children	Chicago
	Shriners Hospital for Crippled Children	Honolulu, T. H.
	West Suburban Hospital	Oak Park, Ill.
51.	Bellevue Hospital Center, Division IV-New York University Postgraduate Med. School	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
52.	Veterans Admin. Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
53.	Veterans Admin. Hospital	Oklahoma City
	Bone and Joint Hospital	Oklahoma City
	St. Anthony Hospital	Oklahoma City
	University Hospitals	Oklahoma City
54.	Central Dispensary & Emergency Hospital	Washington, D. C.
	District of Columbia General Hospital	Washington, D. C.
55.	Veterans Admin. Hospital	Des Moines, Iowa
	University Hospitals	Iowa City
56.	Ochsner Foundation Hospital	New Orleans
	Touro Infirmary	New Orleans
57.	Children's Hospital School	Baltimore
	Johns Hopkins Hospital	Baltimore
	Baltimore City Hospital	Baltimore
58.	Akron General Hospital	Akron, Ohio
	Mary Day Nursery and Children's Hospital	Akron, Ohio
59.	Good Samaritan Hospital	Lexington, Ky.
	St. Joseph's Hospital	Lexington, Ky.
60.	Barnes Hospital	St. Louis
	St. Louis City Hospital	St. Louis
	Shriners Hospital for Crippled Children	St. Louis
61.	Nebraska Orthopedic Hospital	Lincoln, Nebr.
	University of Nebraska Hospital	Omaha
62.	Massachusetts Memorial Hospital	Boston
	Lynn Hospital	Lynn, Mass.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
63.	Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
	Primary Children's Hospital	Salt Lake City
64.	Veterans Admin. Hospital	Long Beach, Calif.
	Children's Hospital Center	Los Angeles, Calif.
65.	Harbor General Hospital	Torrance, Calif.
	Orthopedic Hospital	Los Angeles, Calif.
66.	Boston City Hospital	Boston
	Lahey Clinic	Boston
	Massachusetts Hospital School	Canton, Mass.
	Shriners Hospital for Crippled Children	Springfield, Mass.
67.	Hospital for Crippled Children	Newark, N. J.
	Metropolitan Hospital	New York City
68.	Crippled Children's Clinic & Hospital	Birmingham, Ala.
	Lloyd Noland Hospital	Fairfield, Ala.
69.	Allegheny General Hospital	Pittsburgh, Pa.
	St. Francis General and Rehabilitation Institute	Pittsburgh, Pa.
70.	Confederate Memorial Hospital	Shreveport, La.
	Shriners Hospital for Crippled Children	Shreveport, La.
71.	Allegheny General Hospital	Pittsburgh, Pa.
	Youngstown Hospital	Youngstown, Ohio

Numerical and other references will be found on pages 556 through 559.

15. ORTHOPEDIC SURGERY—Continued

ORTHOPEDIC SURGERY—PROGRAM INDENTIFICATION

Program Number	Hospital	Location
72.	Children's Hospital	Philadelphia
	Reading Hospital	Reading, Pa.
73.	Mississippi Baptist Hospital	Jackson, Miss.
	University Hospital	Jackson, Miss
	Veterans Admin. Hospital	Jackson, Miss.
74.	Veterans Admin. Hospital	Denver
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, New Mexico
75.	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Veterans Administration Hospital	McKinney, Texas
76.	Jackson Memorial Hospital	Miami, Florida
	Variety Children's Hospital	Miami, Florida
77.	North Carolina Baptist Hospital	Winston-Salem, N. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
78.	Tampa General Hospital	Tampa, Florida
	American Legion Hospital for Crippled Children	St. Petersburg, Fla.
79.	Orthopaedic Hospital	Los Angeles, Calif.
	St. Mary's Hospital	San Francisco, Calif.
80.	Veterans Admin. Hospital (Manhattan)	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
81.	North Carolina Memorial Hospital	Chapel Hill, N. Car.
	North Carolina Orthopedic Hospital	Gastonia, N. Car.
82.	Newington Home and Hospital	Newington, Conn.
	Mary Hitchcock Memorial Hospital	Hanover, N. Hamp.
	Veterans Admin. Hospital	White River Jct., Vt.
83.	Edw. J. Meyer Mem'l Hospital	Buffalo, N. Y.
	Allegheny General Hospital	Pittsburgh
84.	Jewish Chronic Disease Hospital	Brooklyn, N. Y.
	Jewish Hospital	Brooklyn, N. Y.
85.	East Tennessee Crippled Children's Hospital	Knoxville, Tenn.
	East Tennessee Baptist Hospital	Knoxville, Tenn.
	St. Mary's Memorial Hospital	Knoxville, Tenn.
	University of Tennessee Memorial Research Center & Hospital	Knoxville, Tenn.
86.	Georgia Baptist Hospital	Atlanta, Ga.
	Eugene Talmadge Memorial Hospital	Augusta, Ga.
	University Hospital	Augusta, Ga.

16. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering acceptable training in the specialty.

Hospitals, 129; Assistant Residencies and Residencies, 447

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-3]	Washington, D. C.	H. S. Murphey	1,400	15,114	2	6	...
Brooke Army Hospital [1-3]	San Antonio, Texas	T. L. Hartridge	680	11,191	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Oakland, Calif.	K. J. Palmberg	808	6,117	1	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	L. E. Wible	1,781	12,244	1	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	G. W. Taylor, Jr.	1,048	6,454	1	3	...
U. S. Naval Hospital [1]	Philadelphia	W. C. Livingood	673	8,837	1	3	...
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	F. S. Moody	699	2,755	1	3	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	M. L. Naramore	72	579	..	..	...
Los Angeles County Hospital [1]	Los Angeles	L. House-A. Miller	1,958	19	3	7	246
University of California Hospital	Los Angeles	J. J. Pressman	386	4,978	1	3	208
Veterans Admin. Hospital [1-3]	Los Angeles	C. S. Mumma	716	3,837	1	3	...
White Memorial Hospital [1-3]	Los Angeles	L. R. House	955	5,445	1	2	150
Harbor General Hospital [1-26]	Torrance, Calif.	S. Kaplan	477	2,299	1	1	240
Stanford University Hospitals [1-3]	San Francisco	R. C. McNaught	474	5,888	1	3	80
San Francisco Hospital (Stanford Service) [1-3-26]	San Francisco	S. Von Christierson	237	1	..	1	195
University of California Hospital [1-3]	San Francisco	F. A. Sooy	468	6,016	2	3	210
Children's Hospital [1-3-26]	San Francisco	R. C. Martin	991	715	1	1	150
San Francisco Hospital (University of California Service) [1-3-26]	San Francisco	F. A. Sooy	239	.....	1	1	195
Veterans Admin. Hospital [1-3-73]	San Francisco	W. P. Work	333	3,446	1	3	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	J. A. Kirchner	812	4,227	1	3	50
Washington Hospital Center Episcopal Eye, Ear and Throat Hospital [3]	Washington, D. C.	V. A. Alfaro	5,023	16,252	2	6	215
Tampa General Hospital [1-3]	Tampa, Fla.	J. B. Farrior	426	1	1	3	250
Grady Memorial Hospital [1-3]	Atlanta, Ga.	W. C. Warren, Jr.	.....	.....	1	3	100
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-3]	Chicago	G. E. Shambaugh, Jr.	1,311	1	1	1	125
Cook County Hospital [1-3]	Chicago	S. J. Pearlman	1,219	24,691	1	5	100
Michael Reese Hospital [1-26]	Chicago	N. Leshin	2,047	2,246	..	..	100
St. Luke's Hospital [1-3-26]	Chicago	P. H. Hollinger	1,057	10	..	..	...
Veterans Admin. Research Hospital [1-26]	Chicago	J. Waller	137	204	...	1	...
University of Chicago Clinics [1-3]	Chicago	J. R. Lindsay	504	8,024	1	4	200
University of Illinois Hospitals							
Illinois Eye and Ear Infirmary [1-3]	Chicago	F. L. Lederer	940	33,130	5	15	125
Presbyterian Hospital [1-3-26]	Chicago	S. A. Friedberg	401	2,114	1	2	125
Research and Educational Hospitals [1-3]	Chicago	F. L. Lederer	638	12,110	1	3	125
Veterans Admin. Hospital [1]	Hines, Ill.	F. L. Lederer	466	.....	2	4	...
Indiana University Medical Center							
Indianapolis General Hospital [1-26]	Indianapolis	D. Brown	483	6,449	1	3	205
Indiana University Medical Center Hospital [1]	Indianapolis	M. W. Manion	278	1,448	1	4	165
State University of Iowa Hospitals [1-3]	Iowa City	D. M. Lierle	2,589	5,297	4	12	140
Veterans Admin. Hospital [1-3-26]	Iowa City	.....	.....	.....	..	..	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	G. O. Proud	689	10,704	1	3	125
Kansas City General Hospital No. 1 [26]	Kansas City, Mo.	P. Barelli	552	4,021	..	1	200
Veterans Admin. Hospital [1-26]	Kansas City, Mo.	H. A. Knauff	222	.....	..	..	...
University of Louisville Medical Center							
Louisville General Hospital [1-3]	Louisville, Ky.	W. C. Wolfe	72	6,501	..	2	157
Veterans Admin. Hospital [1-3-26]	Louisville, Ky.	H. Oppenheim	177	380	1	2	...
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	V. H. Fuchs	720	7,081	2	4	100
Tulane University Unit [1]	New Orleans	J. W. McLaurin	985	7,335	2	4	100
Eye, Ear, Nose and Throat Hospital [1]	New Orleans	C. E. Granberry	3,872	13,227	6	10	100
Baltimore Eye, Ear, Nose and Throat Hospital [1-3-160]	Baltimore	A. T. Lieberman	3,271	8,428	1	3	150
Johns Hopkins Hospital [1-3-154]	Baltimore	J. E. Bordley	1,126	7,742	2	7	150
Mercy Hospital [1-3]	Baltimore	T. A. Schwartz	1,576	1,799	1	1	275
South Baltimore General Hospital [1-3]	Baltimore	S. L. Fox	884	325	2	3	180
University Hospital [1-3]	Baltimore	T. R. O'Rourk	187	.....	1	3	75
Boston City Hospital [1-3]	Boston	A. J. Gorney	1,316	15,096	3	7	112
Massachusetts Eye and Ear Infirmary [1-3-192]	Boston	L. A. Schall	3,135	21,903	4	11	42
Massachusetts Memorial Hospitals [1-3-178]	Boston	M. S. Strong	371	1,055	1	1	100
Beth Israel Hospital [1-3-26]	Boston	B. Zonderman	660	1,474	1	1	58
Veterans Admin. Hospital [1-3-26]	Boston (Jamaica Plain)	E. H. Tomb	552	1,895	1	3	...

Numerical and other references will be found on pages 556 through 559.

16. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
University Hospital [1-2-189]	Ann Arbor, Mich.	A. C. Furstenberg	670	8,822	3	12	154
Harper Hospital [1-2-199]	Detroit	A. E. Hammond	3,377	7	1	3	225
Henry Ford Hospital [1-3]	Detroit	J. L. Dill	1,111	20,390	1	4	225
Receiving Hospital [1-3]	Detroit	J. E. Croushore	473	5,111	1	3	289
University of Minnesota Hospitals [1-3-206]	Minneapolis	L. R. Boies	394	4,616	2	8	185
Minneapolis General Hospital [1-3-26]	Minneapolis	B. Bofenkamp	292	3,554	..	1	209
Ancker Hospital [1-3-26]	St. Paul	D. Kusske	344	3,145	1	1	185
Veterans Admin. Hospital [1-3-211]	Minneapolis	H. V. Hanson	174	88	2	2	...
Mayo Foundation [1-3]	Rochester, Minn.	H. L. Williams	1,453	22,221	2	7	175
Homer G. Phillips Hospital [1-3]	St. Louis	A. J. Cone	203	2,095	2	6	201
St. Mary's Group of Hospitals [1-3-393]	St. Louis	B. J. McMahon	500	2,549	1	3	100
Washington University Hospitals							
Barnes Hospital [1-3]	St. Louis	T. E. Walsh	2,724	5	3	9	75
McMillan Hospital	St. Louis	.....	.....	.....	..	..	...
St. Louis City Hospital [1-3-26]	St. Louis	J. W. West	162	5,038	..	1	92
Veterans Admin. Hospital [1-3]	East Orange, N. J.	P. Lindenberg	316	242	1	3	...
Newark Eye and Ear Infirmary [1-3-Harrison S. Martland Medical Center	Newark, N. J.	E. P. Cardwell	2,540	5,449	2	6	125
Albany Hospital [1-3]	Albany, N. Y.	B. M. Volk	739	3	1	3	160
Brooklyn Eye and Ear Hospital [1-3]	Brooklyn, N. Y.	J. P. Baker	4,906	31,063	2	6	100
Kings County Hospital							
Division II [1-3]	Brooklyn, N. Y.	I. J. Polisar	512	4,378	1	3	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	C. R. Weeth	604	1,330	1	3	156
Buffalo General Hospital [1-3-239]	Buffalo	H. E. Bozer	789	871	1	3	175
Elmhurst General Hospital [1-3-17-290]	Elmhurst, N. Y.	C. A. Seelig	393	3,187	1	3	104
Bellevue Hospital Center							
Div. IV-New York University Post-Graduate Medical School [264]	New York City	J. F. Daly	2,144	12,196	4	12	70
Harlem Eye and Ear Hospital [1-3]	New York City	E. Grabscheid	2,751	23,530	1	3	75
Manhattan Eye, Ear and Throat Hospital [1-3]	New York City	W. B. Allan	6,474	48,145	3	9	50
Mount Sinai Hospital [1-3]	New York City	J. L. Goldman	1,709	5,965	1	3	75
New York Eye and Ear Infirmary [1-3]	New York City	J. S. Hanley	.....	36,200	4	12	50
New York Hospital [1-3]	New York City	J. A. Moore	1,548	11,183	1	4	164
New York Polyclinic Medical School and Hospital [1-3]	New York City	W. W. Morrison	586	6,823	..	..	125
Presbyterian Hospital [1]	New York City	E. P. Fowler	1,762	18,309	4	8	250
Roosevelt Hospital [1-3]	New York City	R. C. Grove	621	4,187	1	3	133
St. Luke's Hospital	New York City	D. R. McCuaig	815	9,434	1	3	100
Veterans Admin. Hospital [1-3]	New York City (Bronx)	F. Altmann	343	4	1	2	...
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	C. A. Heatly	1,027	.....	1	2	117
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	A. Doust	280	3,176	1	3	233
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	N. D. Fischer	86	1,492	1	2	156
Duke University Affiliated Hospitals		W. W. Eagle	.....	.....	..	..	...
Duke Hospital [1-3]	Durham, N. C.		618	7,144	2	5	127
Veterans Admin. Hospital [1-3-26]	Durham, N. C.		95	.....	..	..	...
McPherson Hospital [1-3]	Durham, N. C.	G. B. Ferguson	1,017	15,394	1	3	150
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	J. A. Harrill	570	1,586	1	3	125
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-3]	Cincinnati	H. Goodyear	600	4,846	..	3	75
City Hospital [1-3]	Cleveland	S. J. Missal	289	2,570	1	2	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	H. E. Harris	886	16,580	2	6	175
St. Luke's Hospital [1-3]	Cleveland	F. W. Alexander	2,716	1,738	1	3	140
University Hospitals [1-3]	Cleveland	C. C. R. Jackson	1,274	.....	..	2	158.33
Veterans Admin. Hospital [1-3-26]	Cleveland	V. M. Jordan	402	412	1	3	...
Ohio State University Medical Center							
Children's Hospital [1-3]	Columbus, Ohio	E. W. Harris	1,325	.....	..	..	...
University Hospital [1-3]	Columbus, Ohio	E. W. Harris	517	3,988	..	6	202
University of Oklahoma Hospitals [1-3]	Oklahoma City	O. A. Watson	174	2,392	1	1	...
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	G. L. Boyden	425	3,243	1	3	100
Veterans Admin. Hospital [1-3-26]	Portland, Ore.	G. L. Boyden	191	1,098	..	1	...
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	F. W. Davison	1,008	9,663	1	3	175
Graduate Hospital of The University of Pennsylvania [1-3]	Philadelphia	B. Shuster	1,086	2,961	2	4	100
Hospital of The University of Pennsylvania [1-3]	Philadelphia	H. Schenck	1,148	3,533	2	6	...
Jefferson Medical College Hospital [1-3]	Philadelphia	F. Harbert	1,393	3,944	2	3	100
Temple University Hospital [1-3-236]	Philadelphia	D. Meyers	1,995	2,119	2	6	...
Mercy Hospital [1-3]	Pittsburgh	J. A. Perrone	2,161	2	1	3	235
Health Center Hospitals of The University of Pittsburgh School of Medicine							
Eye and Ear Hospital	Pittsburgh	K. M. Day-T. B. McCullough	4,005	5,617	2	4	125
Veterans Admin. Hospital [1-3]	Pittsburgh	S. L. Kyler	712	13	1	3	...
Rhode Island Hospital [1-3]	Providence, R. I.	R. W. Pearson	1,436	2,602	1	2	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	R. M. Hope	195	1,054	2	3	137
City of Memphis Hospitals [1-3-394]	Memphis, Tenn.	S. Sanders	434	5,877	1	3	125
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	T. C. Maguda	.....	Incl. in Ophthalmology	1	1	...
Veterans Admin. Hospital [1-3-349]	Dallas, Texas	D. A. Corgill	432	9	1	2	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	J. M. Robison, Sr.	396	4,064	2	4	160
Baylor University College of Medicine Affiliated Hospitals							
Jefferson Davis Hospital [1-3]	Houston, Texas	H. H. Harris	271	6,270	1	3	75
Methodist Hospital [1-3]	Houston, Texas	J. C. Dickson	1,163	1	1	1	100
Veterans Admin. Hospital [1-3-362]	Houston, Texas	H. H. Harris	333	3	1	3	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	G. S. Fitz-Hugh	1,107	5,024	1	3	50
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	P. N. Pastore	1,257	4,938	2	4	75
*Gill Memorial Eye, Ear, and Throat Hospital	Roanoke, Va.	E. G. Gill	.....	Incl. in Ophthalmology	..	..	350
University Hospitals [1-3]	Madison, Wis.	C. Taborsky	505	.....	1	3	160
Veterans Admin. Hospital [1-3]	Milwaukee, (Wood), Wis.	R. H. Lehman	396	2,454	1	1	...

*Combined 4-year program Ophthalmology-Otolaryngology

Numerical and other references will be found on pages 556 through 559.

17. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: a—pathologic anatomy only; c—clinical pathology only; p—pathologic anatomy and clinical pathology.

Hospitals, 633; Assistant Residencies and Residencies, 2415

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE										
U. S. Air Force Hospital [1]	San Antonio, Texas	R. C. Schaffer	217	298,102	.....	.....	1	2	2p	...
UNITED STATES ARMY										
Letterman Army Hospital [1-3]	San Francisco	N. Irey	296	607,679	7,038	6,805	2	8	4p	...
Fitzsimons Army Hospital [1]	Denver	H. A. VanAuken	276	411,177	5,055	5,055	2	8	4p	...
Armed Forces Institute of Pathology [1-3]	Washington, D. C.	E. W. Goodpasture	14,327	.....	28,809	28,809	..	20	1a	...
Army Medical Center [1-3]	Washington, D. C.	C. J. Lind, Jr.	310	854,425	4,919	4,738	2	8	4p	...
Brooke Army Hospital [1-3]	San Antonio, Texas	G. J. Matt	396	912,598	5,871	5,871	2	8	4p	...
Tripler Army Hospital [1]	Honolulu, T. H.	H. E. Shuey	202	569,801	6,201	6,201	1	4	4p	...
UNITED STATES NAVY										
U. S. Naval Hospital [1-3]	Oakland, Calif.	H. V. O'Connell	163	162,985	8,449	7,753	1	4	4p	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. S. Shaver	437	844,388	7,410	7,410	2	8	4p	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	V. E. Martens	257	345,710	22,177	22,177	2	8	4p	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. S. Sarkisian	119	331,100	8,098	8,098	1	4	3p	...
U. S. Naval Hospital [1]	Philadelphia	B. H. Smith, Jr.	151	265,921	4,325	4,325	1	4	4p	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	New Orleans	A. L. Stepkock	53	158,986	2,944	2,671	1	2	3p	...
U. S. Public Health Service Hospital [1-3]	Baltimore	J. A. Smith	80	156,840	2,940	2,814	1	4	4p	...
National Institutes of Health-Clinical Center [1-3]	Bethesda, Md.	H. Stewart-G. Williams	187	229,969	1,796	1,796	4	11	4p	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	T. L. Perrin	121	210,239	4,041	3,534	1	4	4p	...
U. S. Public Health Service Hospital [1-3]	Seattle	C. S. Powell	140	100,905	3,513	3,065	1	4	2p	...
NONFEDERAL AND VETERANS ADMINISTRATION										
Birmingham Baptist Hospitals	Birmingham, Ala.	A. E. Casey	200	316,105	9,686	9,686	2	6	4p	200
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	J. Cunningham-B. Bishop	60	115,093	2,400	2,400	2	4	4p	250
University of Alabama Medical Center										
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. F. A. McManus	325	271,786	7,433	6,419	2	9	4p	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	B. M. Hathaway	183	224,645	1,741	1,741	1	2	3a	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	W. F. Scott, Jr.	97	141,027	2,899	2,625	1	1	1a	225
Mobile County Hospital [1-3]	Mobile, Ala.	E. B. Wert	285	104,544	3,854	2,434	2	2	3a	300
Good Samaritan Hospital [1]	Phoenix, Ariz.	J. D. Barger	135	146,524	7,032	4,576	1	1	2p	250
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	M. Rosenthal	286	135,827	2,049	1,805	1	2	2a	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	L. A. Stapley	223	185,992	6,731	5,684	1	3	3p	200
Arkansas Baptist Hospital [1]	Little Rock, Ark.	E. L. Wilbur	112	135,438	5,836	4,169	3	3	2a	250
University Hospital [1]	Little Rock, Ark.	H. Schlumberger	205	167,722	7,446	7,446	3	6	3p	150
Veterans Admin. Hospital [1-3]	Little Rock, Ark.	C. F. Shukers	203	195,911	1,976	1,976	1	1	1a	...
Kern County General Hospital [1]	Bakersfield, Calif.	R. W. Huntington, Jr.	361	186,214	2,659	2,584	1	3	4p	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. R. Fishback	165	81,123	3,717	3,450	1	3	4p	175
St. Joseph Hospital [1-3]	Burbank, Calif.	R. Straus	130	133,384	5,093	5,386	1	2	4p	200
City of Hope Medical Center [1-3]	Duarte, Calif.	G. D. Kamin	200	142,591	3,475	3,475	1	2	1a	400
San Joaquin General Hospital [1]	French Camp, Calif.	H. J. Schneider	337	141,911	2,034	2,034	1	2	3a	200
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	A. F. Brown	253	110,825	5,149	3,916	1	4	4p	...
Loma Linda Sanitarium and Hospital [1-3]	Loma Linda, Calif.	O. B. Pratt	196	92,073	3,257	3,200	3	9	4p	212
St. Mary's Hospital [1-3]	Long Beach, Calif.	T. Kiddie	131	173,217	7,021	4,431	2	6	3p	300
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	J. A. Tuta	184	175,033	7,006	5,650	1	3	4p	235
Veterans Admin. Hospital [1-3-58]	Long Beach, Calif.	B. E. Konwaler	573	477,682	4,181	4,181	2	6	4p	...
California Hospital [1-3]	Los Angeles	A. Wright	177	160,893	5,338	4,238	1	3	3a	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	N. B. Friedman	309	174,054	7,648	7,509	2	5	4p	250
Children's Hospital [1]	Los Angeles	R. S. Cleland	232	135,422	808	808	2	2	1a	150
Hospital of The Good Samaritan [1]	Los Angeles	L. J. Tragerman	169	138,013	6,495	4,572	2	2	4p	225
Los Angeles County Hospital [1]	Los Angeles	E. Butt	2,281	847,025	17,957	14,869	4	16	4p	246
Queen of Angels Hospital [1-3]	Los Angeles	J. Cremin	265	1,074,931	5,020	4,797	..	1	4p	200
St. Vincent's Hospital [1]	Los Angeles	J. E. Kahler	88	133,385	5,160	4,005	1	1	2p	250
University of California Hospital [1-3]	Los Angeles	S. C. Madden	366	103,084	2,643	2,643	2	5	4p	198
Veterans Admin. Hospital [1-3]	Los Angeles	B. Fishkin	796	612,196	5,960	5,960	6	14	4p	...
White Memorial Hospital [1-3]	Los Angeles	O. B. Pratt	187	265,899	4,517	2,925	2	4	4p	150
Highland-Alameda County Hospital [1]	Oakland, Calif.	R. J. Parsons	331	139,709	5,911	3,754	1	4	3a	200
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	M. Friedman	388	286,147	13,407	11,036	2	5	4p	265
Samuel Merritt Hospital [1]	Oakland, Calif.	C. P. Baker	167	158,453	5,734	4,726	1	4	4p	195
Veterans Admin. Hospital [1-3]	Oakland, Calif.	B. Gerstl	334	168,674	2,613	2,613	1	3	4p	...
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	D. S. Shillam-R. C. Lewis	200	213,465	10,479	8,681	1	4	4p	240
Sequoia Hospital	Redwood City, Calif.	.....	...	.....	.....	.....	..	..	2p	...
Sacramento County Hospital [1]	Sacramento, Calif.	F. S. Preuss	568	386,870	2,780	2,367	1	4	4p	300
San Bernardino County Charity Hospital	San Bernardino, Calif.	J. D. Kirshbaum	348	125,180	6,630	5,182	2	2	2a	225
Mercy Hospital [1-3]	San Diego, Calif.	D. DeSanto	216	165,314	7,215	6,404	1	4	4p	200
San Diego County General Hospital [1-3]	San Diego, Calif.	L. A. Palmer	291	51,982	2,095	1,697	1	4	4p	175
Franklin Hospital [1-3]	San Francisco	J. L. Carr-J. S. Wellington	45	37,337	3,298	2,053	1	1	2p	200
French Hospital [1-3]	San Francisco	G. A. Watson	99	79,257	2,940	2,231	1	1	1a	150
Kaiser Foundation Hospital [1-3]	San Francisco	M. Friedman-M. L. Bassis	179	241,030	6,797	5,777	2	2	2a	265
Mount Zion Hospital [1-3]	San Francisco	G. R. Biskind	223	135,427	4,497	3,733	1	4	4p	150
St. Francis Memorial Hospital [1-3]	San Francisco	J. L. Zundell	142	87,537	5,721	3,942	1	2	4p	300
St. Luke's Hospital [1-3]	San Francisco	M. Black	122	101,438	4,589	2,843	1	2	2p	200
St. Mary's Hospital [1-3]	San Francisco	A. Moody	161	160,449	6,082	4,325	1	4	4p	150
San Francisco Hospital										
Stanford University Service [1-3]	San Francisco	A. J. Cox	239	47,000	1,231	1,231	2	4	3a	195
University of California Service [1-3]	San Francisco	J. S. Wellington	290	47,000	1,500	1,500	2	3	3a	195
Stanford University Hospitals [1-3]	San Francisco	A. J. Cox	288	93,844	3,395	3,395	1	4	4p	80
University of California Hospital [1-3]	San Francisco	H. D. Moon	251	111,952	5,186	5,186	2	4	4p	210
Veterans Admin. Hospital [1-3]	San Francisco	J. B. Frerichs-T. Feichtmeir	178	170,881	2,965	2,965	1	4	3p	...
O'Connor Hospital	San Jose, Calif.	L. R. Grams	168	163,262	6,220	4,074	..	3	4p	...
Santa Clara County Hospital [1-3]	San Jose, Calif.	D. L. Alcott	345	283,289	2,373	2,373	1	4	4p	260
Community Hospital of San Mateo County [1]	San Mateo, Calif.	R. O. Holmes	151	68,835	1,274	1,144	1	1	2a	400
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	E. L. Benjamin	112	98,791	4,663	4,167	1	2	2a	200
St. John's Hospital [1]	Santa Monica, Calif.	G. J. Hummer	123	186,890	7,403	5,678	4	4	2a	200

Numerical and other references will be found on pages 556 through 559.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Harbor General Hospital [1-88]	Torrance, Calif.	S. S. Madden	487	310,096	3,088	3,619	2	8	4p	246
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	M. Berthrong	116	96,623	3,268	2,596	1	2	2a	200
Children's Hospital [1-3]	Denver	E. C. Beatty, Jr.	140	134,428	3,591	698	1	2	2p	200
General Rose Memorial Hospital	Denver	K. T. Neubuerger	141	108,244	5,078	3,938	2	4	2a	250
Mercy Hospital [1-3]	Denver	E. Hildebrand	132	55,715	4,884	4,573	2	2	2p	250
Porter Sanitarium and Hospital [1-3]	Denver	W. T. Wikle-J. Wood	108	69,275	4,070	3,101	1	2	1a	150
Presbyterian Hospital [1-3]	Denver	A. E. Lubecheneco	133	57,328	4,073	3,248	1	2	2a	225
St. Anthony Hospital	Denver	S. K. Kurland	178	78,518	3,789	1,969	2	2	2a	175
St. Joseph's Hospital	Denver	S. M. P. Ashe	227	233,111	7,833	6,746	1	4	4p	200
St. Luke's Hospital [1-3]	Denver	W. C. Black	252	167,327	10,631	7,711	1	4	4p	225
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	J. B. McNaught-J. H. Holmes	364	262,156	8,611	8,598	4	17	4p	250
Denver General Hospital [1-3]	Denver	W. White	399	327,182	9,265	9,265	..	..	4p	250
Veterans Admin. Hospital [1-3-85]	Denver	E. H. Valentine	246	176,574	2,352	2,250	1	3	4p	...
Weld County General Hospital	Greeley, Colo.	L. A. Kidder	159	63,902	2,584	1,828	1	2	2a	300
Colorado State Hospital [91]	Pueblo, Colo.	M. Gallavan	303	84,207	6,289	5,089	2	8	4p	415
Bridgeport Hospital [1-3]	Bridgeport, Conn.	I. B. Akerson	214	150,516	4,872	4,275	1	2	4p	240
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	A. Ginzler	209	191,743	4,763	4,042	1	2	3a	300
Danbury Hospital [1-3]	Danbury, Conn.	E. Woll	109	82,472	2,374	1,909	1	1	1a	200
Greenwich Hospital [1-3]	Greenwich, Conn.	J. S. Morris	142	83,232	3,879	3,390	1	2	2p	150
Hartford Hospital [1-3-94]	Hartford, Conn.	R. E. Stowell	1,267	297,470	11,360	10,852	1	4	4p	150
St. Francis Hospital [1-3]	Hartford, Conn.	L. P. Hastings	259	228,476	6,482	5,834	2	5	4p	125
Meriden Hospital [1-3]	Meriden, Conn.	R. Katzenstein	104	121,743	3,383	437	2	2	2p	100
Middlesex Hospital [1-3]	Middletown, Conn.	C. E. McLeod	173	81,650	3,239	2,045	2	4	2p	150
New Britain General Hospital [1-3]	New Britain, Conn.	P. D. Rosahn	225	175,085	4,748	4,025	1	4	4p	210
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	A. A. Rybow	564	252,429	9,021	9,021	1	2	4p	50
Hospital of St. Raphael [3]	New Haven, Conn.	R. Nesbit	175	133,144	4,148	4,148	1	4	4p	150
Veterans Admin. Hospital [1-3]	Newington, Conn.	R. G. Olivetti	84	123,628	1,210	1,158	2	2	2p	...
Norwalk Hospital [1-3]	Norwalk, Conn.	R. N. Barnett	196	127,408	4,116	3,053	2	2	4p	195
Stamford Hospital [1-3]	Stamford, Conn.	R. S. Hotchkell	188	151,431	6,524	2,973	1	4	4p	150
St. Mary's Hospital	Waterbury, Conn.	M. E. Cox	149	2,150	5,887	3,737	1	4	4p	225
Waterbury Hospital [1]	Waterbury, Conn.	J. O. Collins	232	155,338	4,818	4,818	1	4	4p	225
Veterans Admin. Hospital [1-3-102]	West Haven, Conn.	R. Yesner	122	192,940	1,761	1,600	2	2	2p	...
Delaware Hospital [1-3]	Wilmington, Del.	J. W. Howard	322	243,404	5,258	5,040	1	4	2p	200
Memorial Hospital [1-3]	Wilmington, Del.	J. W. Abbiss	224	118,686	5,042	5,042	1	4	4p	225
Wilmington General Hospital [1-3]	Wilmington, Del.	J. V. Casella	94	109,771	2,114	2,114	1	1	1p	200
Children's Hospital [1-3]	Washington, D. C.	E. C. Rice	111	130,235	620	618	2	2	2p	100
District of Columbia General Hospital [1-3]	Washington, D. C.	D. Weiss	776	253,225	4,095	4,095	2	6	4p	233
Doctors Hospital [1-3]	Washington, D. C.	O. B. Hunter, Jr.	151	208,108	6,827	6,090	1	2	4p	150
Georgetown University Hospital [1-3]	Washington, D. C.	C. F. Geschickter	248	274,878	5,135	3,221	6	12	4p	175
George Washington University Hospital [1-3]	Washington, D. C.	T. M. Perry	209	255,074	7,161	7,125	2	5	4p	150
Providence Hospital [1-3]	Washington, D. C.	K. McCoy	201	143,523	5,449	5,405	1	4	4p	350
Sibley Memorial Hospital [1-3]	Washington, D. C.	O. B. Hunter	168	101,647	4,939	4,481	1	2	4p	...
Veterans Admin. Hospital [1-3-107]	Washington, D. C.	J. S. Howe	171	166,000	1,800	1,800	1	4	4p	...
Washington Hospital Center Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	F. W. Konzelmann	134	137,092	4,029	3,623	1	4	4p	225
Garfield Memorial Hospital [1-3]	Washington, D. C.	E. C. Rice	239	156,333	4,836	4,082	..	..	4p	215
Veterans Admin. Hospital [1]	Coral Gables, Fla.	R. V. Thomson	336	142,798	2,329	2,329	2	3	4p	...
Baptist Memorial Hospital [1-3]	Jacksonville, Fla.	A. G. Foraker	88	76,952	3,217	2,155	1	2	2p	325
Duval Medical Center [1-3]	Jacksonville, Fla.	J. W. Eversole	248	160,822	3,009	2,709	1	2	2p	150
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	C. M. Whorton	139	117,208	4,885	3,511	1	4	4p	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	W. A. D. Anderson	793	461,317	11,018	9,578	4	15	4p	75
Mount Sinai Hospital of Greater Miami [1-3]	Miami Beach, Fla.	M. Lev	271	134,843	2,858	2,547	1	4	4p	250
Orange Memorial Hospital [1-3]	Orlando, Fla.	W. A. Derrick	198	109,451	6,618	5,961	1	3	3a	325
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	D. Ayer	193	113,450	6,941	5,793	2	6	4p	285
Georgia Baptist Hospital [1-3]	Atlanta, Ga.		305	168,956	6,880	6,742	1	2	2p	305
Grady Memorial Hospital [1-3]	Atlanta, Ga.	T. D. Raaen	502	276,012	7,233	7,233	5	10	4p	100
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	J. T. Godwin	185	145,845	6,042	6,027	1	4	4p	270
Veterans Admin. Hospital [1-3]	Atlanta, Ga.	J. Mendeloff	152	192,257	1,641	1,641	1	1	3p	...
University Hospital [1-3]	Augusta, Ga.	M. Hudson	133	160,000	4,842	4,538	2	6	3a	200
Emory University Hospital [1-3]	Emory University, Ga.	W. H. Sheldon	274	6,549	....	....	2	4	4p	235
Memorial Hospital of Chatham County [1-3]	Savannah, Ga.	L. Howard, Jr.	136	40,152	1,203	921	1	1	1a	350
Alexian Brothers Hospital [3]	Chicago	J. P. Simonds	139	70,000	1,028	1,106	1	1	1p	200
American Hospital [1-3]	Chicago	W. F. Eisenstaedt-F. Bicknell	94	59,930	1,587	1,462	2	2	1p	65
Augustana Hospital [1-3]	Chicago	G. Milles	165	102,352	3,007	2,632	1	3	4p	150
Children's Memorial Hospital [1-3]	Chicago	J. Boggs	127	92,952	1,057	1,057	2	2	1p	75
Cook County Hospital [1-3]	Chicago	P. B. Szanto	1,634	664,323	12,339	11,716	4	10	4p	100
Edgewater Hospital [3]	Chicago	J. Percy	87	90,278	4,456	3,513	1	2	2p	200
Englewood Hospital [3]	Chicago	G. T. Rich	95	69,247	3,293	1,682	1	1	1a	200
Grant Hospital [1]	Chicago	J. C. Sherrick	139	94,509	3,518	2,563	1	2	3p	225
Illinois Masonic Hospital [1-3]	Chicago	L. S. King	213	175,964	3,300	3,019	1	1	4p	115
Mercy Hospital [1-3]	Chicago	J. H. Peers	160	110,953	4,120	3,199	1	4	4p	200
Michael Reese Hospital	Chicago	O. Saphir	466	589,754	5,757	5,757	2	6	4p	150
Mount Sinai Hospital [1-3]	Chicago	I. Davidsohn-H. Rappaport	299	385,372	8,775	8,221	2	8	4p	125
Northwestern University Medical Center Chicago Wesley Memorial Hospital [1-3]	Chicago	T. C. Lulpply	246	273,387	6,147	6,147	1	4	4p	125
Passavant Memorial Hospital [1-3]	Chicago	W. R. Wartman-M. C. Wheelock	124	144,333	3,400	3,400	2	4	4p	50
Veterans Admin. Research Hospital [1]	Chicago	E. E. Mandel	326	151,089	1,694	1,694	2	3	4p	...
Evanston Hospital [1-3]	Evanston, Ill.	H. A. Teloh	298	196,693	3,938	3,938	1	3	4p	225
Norwegian American Hospital [1-3]	Chicago	A. Learner	69	84,536	3,419	1,973	1	1	1p	225
Presbyterian Hospital [1-3]	Chicago	G. M. Hass	235	207,991	5,411	5,411	2	5	3a	125
Ravenswood Hospital [3]	Chicago	P. W. Graff	187	118,300	2,720	2,675	2	2	2p	100
St. Anne's Hospital [1-3]	Chicago	F. C. Hornaday	152	172,105	3,154	....	1	4	4p	250
St. Joseph's Hospital [1-3]	Chicago	G. F. Stevenson	111	93,210	3,340	2,950	1	4	2p	300
St. Luke's Hospital [1-3]	Chicago	E. F. Hirsch	311	293,851	7,336	5,089	1	4	4p	125
St. Mary of Nazareth Hospital [1-3]	Chicago	M. C. Godwin	113	186,336	3,410	2,384	1	2	1a	150
University of Chicago Clinics [1-3]	Chicago	P. R. Cannon	440	364,868	6,401	5,916	1	4	4p	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	C. A. Krakower	379	593,819	8,022	8,022	2	7	4p	200
Veterans Admin. West Side Hospital [1-3]	Chicago	B. Chomet	205	291,288	2,349	1,904	2	4	4p	...
St. Francis Hospital [1-3]	Evanston, Ill.	J. W. Henry	258	212,410	6,388	5,471	1	4	4p	175
Veterans Admin. Hospital [1]	Hines, Ill.	M. Rubnitz	529	669,956	5,263	5,263	1	2	4p	...
Methodist Hospital of Central Illinois [3]	Peoria, Ill.	H. I. Brown	146	104,571	6,346	4,645	2	2	4p	200
St. Francis Hospital [1-3]	Peoria, Ill.	J. R. Kraft-E. P. Elci	230	159,452	6,277	4,575	1	4	4p	225
Rockford Memorial Hospital [1]	Rockford, Ill.	M. O. Alexander	188	137,673	3,369	2,811	1	4	4p	200
St. Anthony Hospital [1-3]	Rockford, Ill.	A. R. K. Matthews	215	95,791	3,678	3,267	1	1	4p	200
St. Joseph's Hospital [1-3]	Fort Wayne, Ind.	L. A. Schneider	235	119,676	5,176	1,923	2	2	4p	250
Methodist Hospital [1-3]	Gary, Ind.	R. A. Burger	186	112,619	3,962	3,798	1	3	4p	300

Numerical and other references will be found on pages 556 through 559.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Resi. dencies Offered *	Total Resi dencies Offered *	Length of Basic Program (Years)	Beginning Stipend (Month)
Indianapolis General Hospital [1]	Indianapolis	P. V. Evans	422	150,164	2,934	2,898	1	4	4P	205
Indiana University Medical Center										
Indiana University Medical Center Hospital [1]	Indianapolis	E. B. Smith	424	45,795	4,380	4,352	4	10	4P	175
Veterans Admin Hospital [1-3]	Indianapolis	D. Rosenbaum	263	174,705	1,535	1,535	..	1	3P	...
Methodist Hospital [1]	Indianapolis	L. H. Hoyt	290	595,266	10,480	9,324	2	5	4P	278
St. Vincent's Hospital [1-3]	Indianapolis	L. N. Foster	148	197,896	6,736	3,854	2	2	4P	275
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	G. B. Stansell	111	139,762	8,338	3,995	1	2	2*	225
Ball Memorial Hospital [1]	Muncie, Ind.	L. G. Montgomery	234	194,085	....	8,683	1	3	4P	250
South Bend Medical Foundation Hospitals	South Bend, Ind.	C. S. Culbertson	394	308,000	13,419	9,026	2	6	4P	325
Elkhart General Hospital	Elkhart, Ind.									
St. Joseph Hospital	Mishawaka, Ind.									
Memorial Hospital	South Bend, Ind.									
St. Joseph Hospital	South Bend, Ind.									
St. Luke's Methodist Hospital [1-3]	Cedar Rapids, Iowa	F. C. Tucker	141	147,644	4,350	2,848	1	3	3P	250
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	J. W. Green, Jr.	246	193,976	5,699	3,775	1	3	4P	175
Mercy Hospital [1-3]	Des Moines, Iowa	F. C. Coleman	196	142,539	3,958	3,958	1	4	4P	325
Veterans Admin. Hospital [1-3-130]	Des Moines, Iowa	T. E. Corcoran	153	187,561	2,535	2,535	1	4	4P	...
State University of Iowa Hospitals [1-3]	Iowa City	E. D. Warner	552	156,112	6,963	6,363	2	8	3*	208
Veterans Admin. Hospital [1-3]	Iowa City	K. R. Cross	160	169,361	2,200	2,230	1	4	4P	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	R. Stowell	415	448,034	9,646	8,686	5	16	4P	125
Veterans Admin. Hospital [1]	Kansas City, Mo.	J. A. Turner	214	277,426	3,146	2,831	..	..	..	...
St. Francis Hospital [1-3]	Wichita, Kan.	W. P. Callahan, Jr.	367	467,311	11,013	11,013	1	4	4P	275
Wesley Hospital [1-3]	Wichita, Kan.	R. E. Stofer	119	115,055	5,637	4,635	1	1	1*	225
Wichita St. Joseph Hospital [1-3]	Wichita, Kan.	W. J. Reals	132	110,962	6,571	5,976	2	2	2P	300
St. Elizabeth Hospital [1-3]	Covington, Ky.	R. J. Ritterhoff	201	106,380	3,301	2,400	1	2	2*	225
Children's Hospital [1-3]	Louisville, Ky.	I. Diamond	130	34,468	898	595	..	2	1P	83
Louisville General Hospital [1-3]	Louisville, Ky.	W. M. Christopherson	347	203,365	3,452	3,384	2	8	4P	153
Veterans Admin. Hospital [1-3-115]	Louisville, Ky.	H. Gordon	207	138,496	2,383	2,359	1	3	3P	...
Charity Hospital of Louisiana [1]	New Orleans	E. Moss	1,817	881,081	19,389	19,389	3	12	4P	100
Hotel Dieu [1]	New Orleans	K. M. Hartwell	98	183,690	7,531	7,531	2	4	3P	225
Ochsner Foundation Hospital [1]	New Orleans	G. M. Carrera	125	143,013	6,455	6,455	2	3	2*	225
Southern Baptist Hospital [1-3]	New Orleans	E. H. Lawson	161	435,769	12,817	12,817	1	4	4P	225
Touro Infirmary [1-3]	New Orleans	A. Hertzog	284	397,971	8,880	6,536	1	3	4P	125
Veterans Admin. Hospital [1-2]	New Orleans	J. Ziskind	241	167,075	2,211	2,200	1	2	3P	...
Confederate Memorial Medical Center [1]	Shreveport, La.	W. R. Mathews	354	277,969	6,403	6,403	1	4	4P	125
Eastern Maine General Hospital [1-3]	Bangor, Maine	R. C. Wadsworth	162	148,025	6,718	5,910	1	2	4P	100
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Branch	227	80,481	5,216	5,216	1	2	4P	225
Maine Medical Center [1]	Portland, Maine	J. E. Porter	170	167,133	5,052	4,169	1	4	4P	125
Baltimore City Hospital [1-3]	Baltimore	A. D. Pollack	478	138,718	2,046	2,046	2	5	3P	50
Franklin Square Hospital	Baltimore	P. F. Guerin	129	69,568	2,479	2,467	1	2	2*	225
Johns Hopkins Hospital [1-3-13]	Baltimore	A. R. Rich	612	290,223	6,042	6,042	2	5	2*	150
Lutheran Hospital [1-3]	Baltimore	J. A. Wagner	106	121,640	2,440	2,440	1	1	1*	220
Maryland General Hospital [1-3] and Hospital for Women [1-3]	Baltimore	R. S. Fisher-W. V. Lovitt	232	152,804	5,892	5,885	5	5	1*	220
Mercy Hospital [1-3]	Baltimore	C. G. Warner	179	306,947	3,493	3,466	..	1	2*	275
Sinai Hospital [1-3]	Baltimore	T. Weinberg	195	260,695	11,014	11,014	2	5	4P	110
Union Memorial Hospital [1]	Baltimore	W. C. Merkel	209	139,808	5,493	5,435	1	4	4P	215
University Hospital [1-3]	Baltimore	J. A. Wagner	407	435,195	6,552	5,373	1	3	4P	75
Prince George's General Hospital [1-3]	Cheverly, Md.	J. C. Burns	104	100,131	2,914	2,688	2	2	2P	200
Beverly Hospital [1-3]	Beverly, Mass.	R. Fienberg	139	94,908	2,061	2,061	1	2	3P	150
Beth Israel Hospital [1-3]	Boston	D. Freiman	190	190,621	4,336	4,240	2	5	3*	58
Boston City Hospital [1-3]	Boston	G. K. Mallory	1,114	52,489	7,232	7,232	3	12	4P	112
Boston Lying-In Hospital [1-27-104]	Boston	K. Benirschke	134	70,271	2,596	2,596	1	2	1*	75
Carney Hospital [1]	Boston	M. W. Shapiro	124	152,866	5,211	4,823	1	3	2*	150
Children's Medical Center [1-3]	Boston	S. Farber	274	.....	1,897	1,897	..	3	1*	100
Faulkner Hospital [1-3]	Boston	P. M. LeCompte	124	57,859	2,640	2,200	1	1	2P	150
Lemuel Shattuck Hospital [1-3]	Boston	H. J. MacMillan	75	48,955	496	496	1	2	1*	250
Massachusetts General Hospital [1-3]	Boston	B. Castleman	995	11,985	11,084	11,084	4	10	4P	67
Massachusetts Memorial Hospitals [1-3]	Boston	C. Somers	116	137,156	4,324	4,324	2	4	4P	100
New England Center Hospital [1-3]	Boston	H. E. MacMahon	160	195,033	3,254	3,150	..	4	2*	100
New England Deaconess Hospital [1-3]	Boston	S. Warren	255	176,629	7,599	7,599	2	10	4P	135
Peter Bent Brigham Hospital [1-3]	Boston	G. J. Dammin	200	155,960	2,935	2,935	..	6	4P	42
St. Elizabeth's Hospital [1-3]	Boston	J. H. Graham	143	131,536	6,601	4,997	1	3	2*	125
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	J. R. Boughton	376	407,487	2,292	2,284	2	4	3P	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	C. W. Jones	183	102,507	2,412	2,400	1	2	2*	160
Mount Auburn Hospital [1-3]	Cambridge, Mass.	H. E. McMahon	166	108,840	3,447	3,135	1	2	2*	125
Truesdale Hospital [1-3-185]	Fall River, Mass.	W. Freeman	157	220,556	5,722	5,162	1	1	1*	150
Burbank Hospital [1-3]	Fitchburg, Mass.	H. J. Sparling	128	87,272	3,250	3,250	1	1	1*	200
Lawrence General Hospital [1-3]	Lawrence, Mass.	L. S. Jolliffe	181	101,973	1,776	1,776	1	4	3P	...
Lowell General Hospital [1-3]	Lowell, Mass.	J. Y. Rodger	111	119,347	1,803	1,751	1	1	1*	...
Lynn Hospital [1-3]	Lynn, Mass.	H. Olken	126	124,171	4,320	4,320	2	2	1P	150
Malden Hospital [1-3]	Malden, Mass.	M. V. MacKenzie	86	66,700	2,691	2,691	1	1	1P	200
St. Luke's Hospital [1-3]	New Bedford, Mass.	V. Kliarsis	135	200,958	4,028	3,574	1	1	2*	200
Newton-Wellesley Hospital [1-3]	Newton-Lower Falls, Mass.	D. Skinner	111	129,405	5,610	3,661	1	4	2P	200
Quincy City Hospital [1-3]	Quincy, Mass.	R. B. Street, Jr.	156	107,484	2,771	2,771	1	3	4P	163
Salem Hospital [1]	Salem, Mass.	D. A. Nickerson	272	197,870	8,018	8,018	1	4	4P	200
Springfield Hospital [1-3]	Springfield, Mass.	W. Kaufmann	248	148,765	6,090	6,090	1	4	2P	125
Pondville Hospital [1]	Walpole, Mass.	S. Warren	138	48,628	1,663	1,663	..	2	1P	490
Veterans Admin. Hospital [1-3]	West Roxbury, Mass.	I. Gore	94	125,232	1,163	1,138	1	2	2P	...
Memorial Hospital [1-3]	Worcester, Mass.	R. C. Sniffen	162	110,644	3,444	2,815	1	1	1*	200
St. Vincent Hospital [1-3]	Worcester, Mass.	L. Cohen	180	178,692	3,866	3,640	2	2	1*	175
Worcester City Hospital [1-3]	Worcester, Mass.	W. MacGillivray	280	97,335	3,158	3,158	..	2	3P	215
University Hospital [1-3-189]	Ann Arbor, Mich.	J. A. French	567	261,723	9,823	9,823	6	24	4P	154
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	A. A. Humphrey	145	75,473	2,200	2,057	1	1	1*	275
Oakwood Hospital [1-3]	Dearborn, Mich.	R. L. Mainwaring	164	158,013	4,974	4,843	1	4	4P	250
Children's Hospital [1-3]	Detroit	W. Zuelzer	252	130,734	469	469	2	2	1P	200
Grace Hospital [1-3]	Detroit	C. I. Owen	341	313,704	13,158	13,158	1	4	4P	275
Harper Hospital [1-3]	Detroit	P. F. Morse	308	339,958	6,794	6,794	1	3	4P	275
Henry Ford Hospital [1-3]	Detroit	R. C. Horn, Jr.	588	566,308	11,675	11,675	4	16	4P	225
Mount Carmel Mercy Hospital [1-3]	Detroit	L. W. Gardner	300	255,724	7,512	7,384	2	6	4P	275
Providence Hospital [1]	Detroit	D. H. Kaump	256	170,127	4,962	4,962	1	4	4P	275
Wayne University Affiliated Hospitals										
Veterans Admin. Hospital [1-3]	Dearborn	M. W. Wilson	308	378,130	2,677	2,677	2	6	4P	...
Detroit Memorial Hospital [1-3]	Detroit	J. D. Langston	173	122,021	4,410	3,948	1	2	4P	275
Herman Kiefer Hospital [1-3]	Detroit	P. Martineau	274	667,965	1,728	1,728	2	2	1P	200
Receiving Hospital [1-3-198]	Detroit	O. A. Brines	720	63,324	8,730	8,730	10	20	4P	289
Sinai Hospital [1-3]	Detroit	S. D. Kobernick	151	147,241	4,602	3,418	1	3	3P	275
Woman's Hospital [1-3]	Detroit	E. R. Jennings	151	150,908	4,669	4,616	1	2	4P	475
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	S. E. Gould	401	369,009	6,190	6,190	2	7	4P	316
Hurley Hospital [1-3]	Flint, Mich.	E. G. Murphy	443	152,665	4,811	5,734	1	4	4P	325
McLaren General Hospital [1]	Flint, Mich.	E. G. Murphy	189	115,887	3,979	3,887	1	4	4P	325

Numerical and other references will be found on pages 556 through 559.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered [5]	Total Residencies Offered [6]	Length of Approved Program (Years)	Beginning Stipend (Month)
St. Joseph Hospital [1-3]	Flint, Mich.	E. G. Murphy	244	132,863	4,476	3,766	1	3	1P	400
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	C. A. Payne	208	137,009	7,794	7,794	1	4	4P	275
Butterworth Hospital [1-3]	Grand Rapids, Mich.	J. D. Mann	294	169,277	7,980	4,894	1	4	4P	300
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	H. E. Bowman	180	185,358	5,719	4,582	2	2	1a	275
W. A. Foote Memorial Hospital	Jackson, Mich.	J. H. Ahronheim	172	58,487	2,319	2,319	1	2	2P	325
Borgess Hospital [1]	Kalamazoo, Mich.	P. Rutherford	121	44,470	3,020	3,020	1	1	2P	275
Edward W. Sparrow Hospital	Lansing, Mich.	C. E. Black	199	128,168	11,554	11,528	1	4	3a	425
Pontiac General Hospital [1-3]	Pontiac, Mich.	J. J. Marra	166	130,954	4,751	3,952	1	1	4P	325
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	R. E. Olsen	144	91,835	4,221	4,125	1	3	4P	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. V. Bucklin	163	108,651	4,267	4,029	1	4	4P	345
St. Luke's Hospital [1-3]	Duluth, Minn.	A. H. Wells	375	1,188,564	7,392	7,000	1	4	4P	285
St. Mary's Hospital	Duluth, Minn.	A. C. Aufderheide	289	272,884	4,546	4,137	1	4	2a	200
Minneapolis General Hospital [1-3]	Minneapolis	J. L. Coe	354	476,012	3,459	3,031	1	3	3a	300
Northwestern Hospital [1-3]	Minneapolis	F. H. Lott	187	124,076	4,880	4,880	1	1	2a	200
St. Barnabas Hospital [1-3]	Minneapolis	N. H. Lufkin	295	147,292	7,143	6,131	1	1	2a	235
Swedish Hospital [1-3]	Minneapolis	A. R. Jay	290	151,930	6,663	4,520	1	1	2a	200
University of Minnesota Hospitals [1-3]	Minneapolis	J. R. Dawson	465	545,907	5,003	5,003	3	7	4P	185
Veterans Admin. Hospital [1-5]	Minneapolis	D. F. Gleason	373	347,634	6,318	6,002	..	2	4P	....
Mayo Foundation [1-3]	Rochester, Minn.	J. W. Kernohan-T. B. Magath	582	1,000,000	26,136	26,136	6	24	4P	175
Ancker Hospital [1-3]	St. Paul	J. F. Noble	407	218,608	1,590	1,590	1	1	2a	185
Charles T. Miller Hospital [1-3]	St. Paul	K. Ikeda	227	221,664	7,248	6,105	1	1	4P	225
St. Joseph's Hospital [1-3]	St. Paul	E. M. James	164	116,836	4,475	3,858	2	2	2a	185
Mississippi Baptist Hospital [1]	Jackson, Miss.	K. M. Bendi	96	159,955	5,006	4,600	1	1	1a	250
University Hospital [1-3]	Jackson, Miss.	W. V. Hare	234	200,000	3,827	3,815	3	6	3a	250
St. Louis County Hospital [1-3]	Clayton, Mo.	J. P. Wyatt	201	129,592	1,190	1,085	1	2	2a	225
University of Missouri Medical Center [1-3]	Columbia, Mo.	J. E. Flynn	48	34,689	6,192	6,192	2	4	2P	....
Kansas City General Hospital No. 1	Kansas City, Mo.	D. M. Gibson	248	360,583	7,043	4,696	1	4	4P	200
Menorah Medical Center [1-3]	Kansas City, Mo.	H. Cohen	167	139,173	4,182	3,786	2	4	4P	200
Research Hospital [1-3]	Kansas City, Mo.	H. K. B. Allebach	169	243,295	4,602	3,824	1	3	4P	250
St. Joseph Hospital	Kansas City, Mo.	R. W. Kerr	196	302,563	6,241	5,913	1	4	4P	250
St. Luke's Hospital [1-3]	Kansas City, Mo.	F. C. Helwig	317	243,186	14,047	12,642	2	6	4P	225
St. Mary's Hospital [1-3]	Kansas City, Mo.	A. Lapi	197	169,310	6,464	5,604	1	4	4P	275
Barnes Hospital [1-3]	St. Louis	W. S. Hartroft	653	477,794	11,434	8,004	4	14	4P	50
De Paul Hospital [1-3]	St. Louis	J. D. Bauer	160	164,537	6,450	4,440	2	2	4P	200
Homer G. Phillips Hospital [1-3]	St. Louis	J. O. Blache	367	227,744	8,083	3,220	2	4	2a	201
Jewish Hospital [1-3]	St. Louis	H. T. Blumenthal	180	150,000	4,417	4,196	1	4	4P	100
Missouri Baptist Hospital [1-3]	St. Louis	W. R. Platt	147	113,111	5,241	5,241	1	4	4P	175
St. John's Hospital [1-3]	St. Louis	H. N. Allen	161	141,257	4,814	3,404	1	2	2P	200
St. Louis City Hospital [1-3]	St. Louis	D. S. Johnson	665	281,456	4,475	4,475	3	6	4P	92
St. Mary's Group of Hospitals [1-3]	St. Louis	H. Pinkerton	330	431,467	14,144	6,052	2	8	4P	200
Veterans Admin. Hospital [1-3]	St. Louis	J. M. Burett	262	165,357	3,139	3,007	4	4	1a	....
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	E. J. Eichwald	94	48,000	2,400	2,055	1	1	1a	275
Lincoln General Hospital [1]	Lincoln, Neb.	F. H. Tanner	84	82,756	3,534	3,065	1	1	1a	250
Bishop Clarkson Memorial Hospital [1]	Omaha	M. Foster	116	138,045	4,013	3,728	..	3	3P	300
Creighton Memorial–St. Joseph's Hospital	Omaha	V. Moragues	228	191,547	15,974	15,974	2	8	4P	210
Nebraska Methodist Hospital [1-3]	Omaha	J. R. Schenken	139	90,000	6,950	2,950	2	6	4P	300
University of Nebraska Hospital [1-3]	Omaha	J. R. Schenken	133	113,911	2,112	2,112	1	4	4P	175
Veterans Admin. Hospital [1-3]	Omaha	R. F. Campbell	102	142,708	2,179	1,879	1	3	3a	....
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Miller	149	157,871	3,067	2,986	1	4	4P	218
Atlantic City Hospital [1-4]	Atlantic City, N. J.	M. Ackerman	224	95,700	3,293	3,293	1	2	2a	200
Cooper Hospital [1-3]	Camden, N. J.	W. T. Read, Jr.	393	207,293	5,224	4,500	1	1	1P	200
Our Lady of Lourdes Hospital	Camden, N. J.	R. L. Breckenridge	173	152,735	3,449	2,286	2	2	2P	250
West Jersey Hospital [1-3]	Camden, N. J.	E. E. Ziegler	96	149,164	1,909	1,666	2	2	2P	200
Veterans Admin. Hospital [1-3]	East Orange, N. J.	O. Auerbach	300	386,752	1,829	1,829	1	2	3P	....
Englewood Hospital [1-3]	Englewood, N. J.	I. A. Gaspar	119	138,212	4,867	3,986	1	1	1a	150
Hunterdon Medical Center [1-3]	Flemington, N. J.	E. V. Olmstead	123	18,938	1,250	1,150	1	1	1a	200
Christ Hospital [1-3]	Jersey City, N. J.	A. Gilbitz	121	111,141	3,569	3,442	1	3	2P	175
Jersey City Medical Center [1-3]	Jersey City, N. J.	A. M. Ghassi	272	256,501	9,441	9,441	2	3	4P	146
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	M. Rush	220	158,721	3,856	3,300	1	2	2a	200
Mountainside Hospital [1-3]	Montclair, N. J.	J. L. Work	197	159,959	4,701	4,387	2	3	3P	250
Morristown Memorial Hospital [1-3]	Morristown, N. J.	H. F. Lindeke	145	140,499	4,008	3,622	1	3	3P	250
Burlington County Hospital [1-3]	Mt. Holly, N. J.	J. T. Bauer	163	70,129	1,414	1,414	1	2	2P	200
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	C. A. Pons	123	147,377	2,860	2,850	1	2	2a	200
Harrison S. Martland Medical Center [1-3]	Newark, N. J.	E. Albano	355	275,747	2,009	2,009	2	4	3a	162
Hospital of Saint Barnabas and for Women and Children [1]	Newark, N. J.	W. G. Bernhard	85	81,931	3,374	3,150	1	3	3P	150
Newark Beth Israel Hospital [1-3]	Newark, N. J.	L. Goldman	215	91,230	6,112	6,112	1	2	4P	100
Presbyterian Hospital [1-3]	Newark, N. J.	S. A. Goldberg	126	133,035	6,212	4,706	1	2	3P	175
St. Michael's Hospital [1-3]	Newark, N. J.	S. J. Rose	211	148,408	5,687	5,687	2	3	4P	165
St. Peter's General Hospital [1-3]	New Brunswick, N. J.	W. A. Jarrett	120	52,263	3,335	2,152	1	1	2a	175
Orange Memorial Hospital [1-3]	Orange, N. J.	A. R. Abel	103	97,562	3,430	3,380	1	4	4P	150
Bergen Pines County Hospital [1-3]	Paramus, N. J.	V. H. Gillson	284	112,362	692	692	2	2	3P	200
Passaic General Hospital [2]	Passaic, N. J.	J. R. Gannon	127	91,913	3,139	2,730	..	2	3P	250
St. Mary's Hospital [1-3]	Passaic, N. J.	R. Brill	86	67,871	2,542	2,542	1	2	2P	200
Barnert Memorial Hospital [1-3]	Paterson, N. J.	J. Otto	204	84,923	3,658	3,300	1	2	2P	200
Paterson General Hospital [1-3]	Paterson, N. J.	A. H. Davis	187	50,374	4,967	4,816	1	2	2P	150
St. Joseph Hospital [1-3]	Paterson, N. J.	G. B. Kim	170	190,285	4,959	4,886	2	4	4P	200
Overlook Hospital [1-3]	Summit, N. J.	G. L. Erdman	180	122,645	5,541	4,683	1	4	2P	150
Mercer Hospital [1-3]	Trenton, N. J.	T. K. Rathmell	164	117,418	2,150	2,150	..	2	4P	250
St. Francis Hospital [1-3]	Trenton, N. J.	S. Weintraub	234	184,987	8,730	5,743	1	2	2a	210
Bataan Memorial Methodist Hospital [1-3]	Albuquerque, N. Mex.	T. L. Chiffelle	73	34,704	2,045	1,621	1	2	2P	250
Bernalillo County-Indian Hospital [1]	Albuquerque, N. Mex.	H. V. Beighley-N. F. Pond	136	149,468	1,844	1,344	1	4	4P	310
Veterans Admin. Hospital [1-3]	Albuquerque, N. Mex.	W. Hentel	126	207,004	1,551	1,528	1	1	2P	237
Albany Hospital [1-3]	Albany, N. Y.	A. W. Wright	431	167,354	7,859	7,859	2	8	4P	160
Bender Laboratory Hospitals [1-3]	Albany, N. Y.	J. J. Clemmer	363	373,368	9,359	8,659	2	5	4P	300
Anthony N. Brady Maternity Home	Albany, N. Y.									
Memorial Hospital	Albany, N. Y.									
St. Peter's Hospital	Albany, N. Y.									
Veterans Admin. Hospital [1-3]	Albany, N. Y.	T. S. Beecher	257	234,379	2,234	2,234	1	2	3P	....
Binghamton City Hospital [1-3]	Binghamton, N. Y.	F. P. Becker	200	111,569	3,145	2,700	1	2	4P	300
Lawrence Hospital [1-3]	Bronxville, N. Y.	A. A. Ergston	82	54,494	1,903	1,903	2	2	1P	225
Beth-El Hospital [1-3]	Brooklyn, N. Y.	D. M. Spain	102	346,940	4,266	4,244	1	1	1P	125
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	J. A. De Veer	177	124,578	4,192	1,000	1	3	4P	175
Coney Island Hospital	Brooklyn, N. Y.	H. Fink	187	247,587	1,800	1,800	1	4	4P	157
Cumberland Hospital [1-3]	Brooklyn, N. Y.	S. H. Polayes	161	122,586	1,958	1,670	1	3	4P	104
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	R. Aronoff	123	122,606	1,140	1,140	2	3	3P	105
Jewish Chronic Disease Hospital [1-3-44]	Brooklyn, N. Y.	B. W. Volk	87	197,190	431	431	1	1	2P	175
Jewish Hospital [1-3]	Brooklyn, N. Y.	D. Grayzel	294	143,611	6,702	6,636	2	5	4P	100
Kings County Hospital Center	Brooklyn, N. Y.	P. J. Fitzgerald	1,368	650,686	10,372	10,372	7	10	4P	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	T. G. Morrione	304	160,291	4,242	4,010	2	6	4P	156

Numerical and other references will be found on pages 556 through 559.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend (Month)
Lutheran Medical Center [1-8]	Brooklyn, N. Y.	E. S. Wedding	116	130,460	2,053	2,053	2	2	1P	185
Maimonides Hospital [1-8]	Brooklyn, N. Y.	A. R. Kantrowitz	198	229,089	5,508	5,508	3	6	4P	75
Methodist Hospital [1-8]	Brooklyn, N. Y.	B. S. Herr, Jr.	106	106,847	3,553	3,553	1	3	3P	175
St. Catherine's Hospital [1-8]	Brooklyn, N. Y.	M. Wachstein	99	108,556	1,653	1,653	1	2	2P	125
St. John's Episcopal Hospital [1-8]	Brooklyn, N. Y.	L. M. Fox	88	101,836	3,077	3,077	1	2	2P	175
St. Mary's Hospital [1-8]	Brooklyn, N. Y.	W. Moitrier	85	122,174	4,144	4,144	1	2	2P	200
Veterans Admin. Hospital [1-8-293]	Brooklyn, N. Y.	M. Bovarnick	300	306,430	3,511	3,511	3	4	4P	...
Buffalo General Hospital [1-8]	Buffalo	K. L. Terplan-S. L. Vaughan	438	8,395	8,372	7,178	2	4	3P	175
Deaconess Hospital [1-8]	Buffalo	S. Tannhauser	129	33,812	4,843	3,829	..	1	3P	300
Edward J. Meyer Memorial Hospital [1-8]	Buffalo	S. Sanes	462	409,833	4,832	4,832	1	3	2a	248
Millard Fillmore Hospital [1-8]	Buffalo	A. V. Postoloff	260	280,334	6,848	6,848	1	2	4P	285
Roswell Park Memorial Institute [1-8]	Buffalo	J. W. Pickren	388	12,336	6,461	6,458	2	4	2a	300
Veterans Admin. Hospital [1-8]	Buffalo	J. B. Sheffer	234	283,249	1,871	1,497	1	2	3P	...
Elmhurst General Hospital [1-8-17]	Elmhurst, N. Y.	I. Chapman	206	119,592	2,133	1,743	1	4	4P	104
Arnot-Ogden Memorial Hospital [1]	Elmira, N. Y.	B. Juveller	104	68,058	3,429	3,429	1	1	1a	250
St. Joseph's Hospital	Elmira, N. Y.	J. A. Mitchell	127	166,551	3,356	2,089	..	..	2a	...
Flushing Hospital and Dispensary [1-8]	Flushing, N. Y.	I. Garrow	162	130,502	3,908	3,599	1	4	4P	175
Glens Falls Hospital [1-8]	Glens Falls, N. Y.	M. Maslon	118	102,494	4,328	4,178	..	1	2P	250
Meadowbrook Hospital [1-8]	Hempstead, N. Y.	V. S. Palladino	652	546,410	4,232	4,195	3	12	4P	225
Mary Immaculate Hospital [1]	Jamaica, N. Y.	M. Bevilacqua	89	101,133	3,186	2,670	2	4	2P	160
Queens Hospital Center [1-8]	Jamaica, N. Y.	G. Silverman	624	103,075	4,611	4,611	4	8	4P	71
Charles S. Wilson Memorial Hospital [1-8]	Johnson City, N. Y.	A. Kosinski	203	168,064	5,380	3,500	1	4	4P	225
Kingston Laboratory Hospitals [1-8]	Kingston, N. Y.	H. Derman	157	201,560	4,702	4,702	1	3	2P	300
Kingston Hospital	Kingston, N. Y.									
Benedictine Hospital	Kingston, N. Y.									
Ulster County Tuberculosis Hospital	Kingston, N. Y.									
St. John's Long Island City Hospital [1-8]	Long Island City, N. Y.	E. Santora	132	57,450	1,528	1,460	1	1	1P	200
North Shore Hospital [1-8]	Manhasset, N. Y.	S. Gross	90	101,517	3,026	2,444	..	1	1P	250
Nassau Hospital [1-8]	Mineola, N. Y.	R. Durham	164	99,491	4,500	3,900	1	4	2a	318
Mount Vernon Hospital [1-8]	Mount Vernon, N. Y.	J. G. Sharnoff	151	82,481	3,648	3,648	1	2	3P	200
Long Island Jewish Hospital [1-8]	New Hyde Park, N. Y.	J. I. Berkman	195	177,883	5,791	5,791	1	3	3P	75
New Rochelle Hospital [1-8]	New Rochelle, N. Y.	W. C. Schraft	132	123,235	4,867	4,867	1	1	1a	225
Bellevue Hospital Center										
Div. III—New York University College of Medicine	New York City	M. Kuschner	709	563,106	9,498	9,498	3	10	4P	71
Beth Israel Hospital [1-8]	New York City	W. Antopol	121	126,882	4,499	4,499	1	4	4P	140
Bronx Hospital [1-8]	New York City	L. Reiner	91	163,366	2,898	2,898	1	2	2P	100
Bronx Municipal Hospital Center [1-8]	New York City	A. A. Angrist	334	424,816	3,306	3,306	6	12	4P	105
Doctor's Hospital [1-8]	New York City	J. R. Lisa	78	85,483	3,281	3,254	2	2	1a	200
Fordham Hospital [1-8]	New York City	L. J. Millman	231	130,010	2,374	2,374	1	2	2a	104
Francis Delafield Hospital [1-8]	New York City	H. P. Smith	213	125,443	3,134	3,134	6	6	3a	105
Goldwater Memorial Hospital [1-8]	New York City	J. Rosenthal	113	806,668	406	406	2	3	2P	104
Harlem Hospital [1-8]	New York City	V. B. Dolgopol	391	212,287	3,624	3,624	1	3	4P	71
Hospital For Joint Diseases [1-8-28]	New York City	H. L. Jaffe	59	95,565	2,461	2,461	..	1	1a	80
Jewish Memorial Hospital [1-8]	New York City	A. Schwarz	90	99,878	2,028	1,719	..	1	2P	150
Knickerbocker Hospital [1-8]	New York City	W. B. Ober	96	65,355	1,280	1,105	1	1	1a	123
Lebanon Hospital [1-8]	New York City	J. C. Ehrlich	132	155,126	4,068	4,068	..	4	3P	100
Lenox Hill Hospital [1-8]	New York City	P. J. Manheimus	152	101,085	5,126	5,126	1	4	4P	180
Lincoln Hospital [1-8]	New York City	H. Lepow	194	158,207	2,526	2,526	1	2	4P	105
Memorial Center for Cancer and Allied Diseases	New York City	F. W. Stewart	457	304,703	18,771	18,771	..	10	2P	300
James Ewing Hospital [1-8]	New York City									
Memorial Hospital [1-8]	New York City									
Misericordia Hospital	New York City	G. Hatzel	58	61,408	1,908	1,908	1	1	1a	100
Montefiore Hospital [1-8]	New York City	H. Zimmerman	485	163,817	4,795	4,795	2	7	3P	187
Morrisania City Hospital [1-8]	New York City	M. R. Marceo	303	135,130	2,550	2,534	1	3	4P	104
Mount Sinai Hospital [1-8]	New York City	H. Popper	485	388,109	9,888	9,888	2	8	4P	75
New York Hospital [1-8]	New York City	J. G. Kidd	414	449,312	8,418	7,737	2	5	4P	164
New York Medical College—Metropolitan Medical Center										
Flower and Fifth Avenue Hospitals	New York City	F. Speer	99	185,940	6,064	4,005	2	4	4P	...
Metropolitan Hospital [1-8]	New York City	F. Speer	200	174,933	2,074	1,305	1	4	4P	104
New York Polyclinic Medical School and Hospital [1-8]	New York City	W. E. Finkelstein	110	46,433	5,827	5,827	1	3	2P	125
New York University—Bellevue Medical Center										
University Hospital	New York City	M. Richter	118	1,026,574	5,844	5,040	2	4	2a	85
Presbyterian Hospital [1-8]	New York City	H. P. Smith-R. Lattes	500	540,500	9,308	9,308	2	7	3a	250
Roosevelt Hospital [1-8]	New York City	B. Kalfayan	170	165,726	4,288	4,288	1	2	2a	133
St. Barnabas Hospital for Chronic Diseases [1-8]	New York City	H. K. Russell	138	84,922	2,307	1,168	1	2	2P	75
St. Clare's Hospital [1-8]	New York City	J. M. Ravid	112	125,223	3,903	3,864	1	2	2P	200
St. Francis Hospital [1-8]	New York City	F. Sumnerli	94	104,199	3,279	2,270	1	1	1P	125
St. Luke's Hospital	New York City	C. F. Begg	244	223,619	3,876	3,876	1	4	4P	100
St. Vincent's Hospital [1-8]	New York City	A. Rottino	373	216,547	4,366	4,366	1	2	3a	200
Veterans Admin. Hospital [1-8]	New York City (Bronx)	B. S. Gordon	380	478,213	3,790	3,790	3	6	3P	...
Veterans Admin. Hospital [1-8]	New York City (Manhattan)	M. Kenney	275	274,591	2,902	2,902	3	6	4P	...
United Hospital [1-8]	Port Chester, N. Y.	M. Loder	97	99,384	2,632	2,447	1	1	1P	200
Vassar Brothers Hospital [1-8]	Poughkeepsie, N. Y.	M. L. Dreyfuss	134	105,389	4,165	4,165	2	2	2P	250
Genesee Hospital [1-8]	Rochester, N. Y.	J. Abbott	238	187,091	4,443	4,409	1	2	2a	240
Rochester General Hospital [1-8]	Rochester, N. Y.	M. G. Bohrod	383	168,037	8,993	7,138	2	8	4P	125
St. Mary's Hospital [1-8]	Rochester, N. Y.	J. Adler	268	172,115	7,853	3,720	2	6	4P	200
Strong Memorial-Rochester Municipal Hospitals [1-8]	Rochester, N. Y.	J. L. Orbison	549	.....	5,239	4,239	4	8	3a	117
Ellis Hospital [1-8]	Schenectady, N. Y.	E. Kellert	258	260,324	6,393	6,393	1	4	3P	150
St. Vincent's Hospital [1-8]	Staten Island, N. Y.	V. Kogan	146	116,473	13,124	9,981	1	1	1a	150
Staten Island Hospital [1-8]	Staten Island, N. Y.	V. Altmann	85	68,910	2,028	2,028	1	1	1P	150
St. Joseph's Hospital [1-8]	Syracuse, N. Y.	H. J. Dick	168	136,911	3,652	3,652	1	1	2P	191
State University of New York Upstate Medical Center Hospitals [1-8]	Syracuse, N. Y.	J. H. Ferguson	386	8,204	8,204	8,204	6	6	3a	283
Veterans Admin. Hospital [1-8]	Syracuse, N. Y.	J. A. Schaefer	145	138,966	2,057	2,050	..	1	3P	...
Samaritan Hospital [1-8]	Troy, N. Y.	C. G. Burn	121	75,720	3,024	2,360	1	1	1P	...
Utica State Hospital [1-8-293]	Utica, N. Y.	N. M. Levine	61	27,201	150	150	1	5	4P	141
Grasslands Hospital [1-8]	Valhalla, N. Y.	V. A. Bradess	691	283,172	3,549	3,015	2	6	4P	176
St. John's Riverside Hospital [1-8]	Yonkers, N. Y.	C. De Angelis	69	64,893	1,716	1,641	1	1	1P	250
North Carolina Memorial Hospital [1-8]	Chapel Hill, N. C.	K. M. Brinkhous	436	213,357	12,358	12,358	3	12	4P	206
Charlotte Memorial Hospital [1]	Charlotte, N. C.	P. Kimmelstiel	223	199,495	7,965	7,449	1	4	4P	250
Presbyterian Hospital [1]	Charlotte, N. C.	H. L. Large, Jr.	122	118,882	4,773	4,614	..	..	2a	...
Duke University Affiliated Hospitals										
Duke Hospital [1-8]	Durham, N. C.	W. D. Forbus	304	608,756	7,718	7,718	3	12	3a	110
Veterans Admin. Hospital [1-8]	Durham, N. C.	R. D. Baker	141	176,859	2,629	2,629	..	5	4P	...
Watts Hospital [1-8]	Durham, N. C.	J. U. Gunter	80	170,632	5,567	5,343	..	1	1P	176
Moses H. Cone Memorial Hospital	Greensboro, N. C.	.....	180	103,841	4,767	4,669	1	4	4P	300
Veterans Admin. Hospital [1-8]	Oteen, N. C.	O. Kanner	139	347,248	1,911	1,911	..	1	1P	...
North Carolina Baptist Hospital [1-8]	Winston-Salem, N. C.	R. P. Morehead	308	318,453	38,203	38,203	2	7	4P	144
Akron City Hospital [1-8]	Akron, Ohio	L. Catron	348	297,846	8,525	8,325	1	3	3a	250
Akron General Hospital [1]	Akron, Ohio	G. R. Dochat	205	264,795	6,135	5,135	1	4	4P	250

Numerical and other references will be found on pages 556 through 559.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered [2]	Total Residencies Offered [2]	Length of Approved Program (Years)	Beginning Stipend (Month)
Aultman Hospital [1-3]	Canton, Ohio	D. G. Henderson	285	233,858	4,348	4,348	1	4	4P	275
Mercy Hospital	Canton, Ohio	A. Raftery	190	147,572	5,564	5,120	1	4	4P	....
Bethesda Hospital [1-3]	Cincinnati	J. B. Hamblet	131	61,502	5,002	3,935	1	3	3P	260
University of Cincinnati College of Medicine Hospital Group										
Cincinnati General Hospital [1-3]	Cincinnati	E. A. Gall	657	145,830	4,198	4,198	3	7	4P	100
Good Samaritan Hospital [1-3]	Cincinnati	L. Z. Gordon	246	208,842	11,212	4,767	1	3	3P	250
Jewish Hospital [1-3]	Cincinnati	P. Wasserman	263	267,332	7,110	6,303	1	4	4P	145
City Hospital [1-3]	Cleveland	T. D. Kinney	353	280,507	2,742	2,742	6	10	4P	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	J. B. Hazard	256	572,802	7,174	7,173	2	8	4P	175
Huron Road Hospital [1-3]	Cleveland	E. Goodsitt	144	21,384	5,708	5,708	2	2	4P	210
Lutheran Hospital [1-3]	Cleveland	W. Sinclair, Jr.	153	81,969	2,857	2,677	1	2	2P	250
Mount Sinai Hospital [1-3]	Cleveland	H. Goldblatt	283	467,656	6,045	6,045	1	4	4P	215
St. Luke's Hospital [1-3]	Cleveland	R. Dominguez	277	314,684	6,235	5,899	1	4	4P	140
St. Vincent Charity Hospital [1-3]	Cleveland	J. S. Mackrell, Jr.	206	179,110	3,990	3,576	1	3	4P	210
University Hospitals [1-3]	Cleveland	A. R. Moritz	508	333,175	9,123	9,123	3	10	4P	125
Veterans Admin. Hospital [1-3-307]	Cleveland	J. R. Kahn	265	289,443	3,787	3,509	1	4	4P	....
Children's Hospital [1-3]	Columbus, Ohio	W. A. Newton, Jr.	281	99,730	2,176	2,149	2	3	1P	150
Grant Hospital	Columbus, Ohio	B. H. Hurd	143	123,450	4,963	4,953	2	2	1P	300
Ohio State University Hospitals										
University Hospital	Columbus, Ohio	E. Von Haam	595	825,220	41,606	41,606	4	16	4P	177
White Cross Hospital [1-3]	Columbus, Ohio	R. J. Johansmann	204	207,960	8,881	8,881	1	3	2P	250
Miami Valley Hospital [1-3]	Dayton, Ohio	M. Oosting	326	321,643	10,020	10,020	3	12	4P	200
Veterans Admin. Hospital [1-3]	Dayton, Ohio	G. W. Knabe	251	199,885	1,797	1,797	3	3	3P	....
Elyria Memorial Hospital	Elyria, Ohio	R. G. Thomas	256	119,229	3,463	3,293	1	2	2P	270
Mercy Hospital [1-3]	Hamilton, Ohio	K. Lande	138	111,457	1,842	1,842	1	1	1P	250
St. Rita's Hospital [1-3]	Lima, Ohio	C. L. Blumstein	194	134,814	4,405	3,311	1	4	4P	325
Springfield City Hospital [1-3]	Springfield, Ohio	R. E. Wybel	185	127,304	4,404	3,618	1	2	2P	300
Maumee Valley Hospital [1-3]	Toledo, Ohio	J. G. Shavely	154	111,589	1,863	1,846	1	1	2P	210
Mercy Hospital [1-3]	Toledo, Ohio	E. L. Hanes	189	147,895	5,707	4,696	1	4	4P	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. F. Vidoli	218	174,117	6,292	6,292	1	1	2P	275
Toledo Hospital [1-3]	Toledo, Ohio	B. Steinberg	272	133,671	5,210	4,889	1	4	4P	200
Trumbull Memorial Hospital [1-3]	Warren, Ohio	R. J. Williams	135	151,962	3,604	3,323	1	2	2P	250
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. Lo Cricchio	172	192,240	7,396	5,369	1	2	2P	250
Youngstown Hospital [1-3]	Youngstown, Ohio	A. E. Rappoport	184	305,579	6,957	6,957	2	8	4P	175
St. Anthony Hospital	Oklahoma City	W. T. Snoddy	121	225,600	8,680	6,449	1	3	4P	250
University of Oklahoma Hospitals [1-3]	Oklahoma City	W. E. Jaques	244	250,172	4,279	3,857	1	4	4P	....
Hillcrest Medical Center [1-3]	Tulsa, Okla.	L. Lowbeer	177	159,207	6,867	5,500	1	4	4P	200
St. John's Hospital [1-3]	Tulsa, Okla.	E. E. Palik	149	203,821	7,282	7,282	2	2	4P	175
Emanuel Hospital [1-3]	Portland, Ore.	V. D. Sneeden	336	203,495	8,321	6,041	1	1	3P	275
Good Samaritan Hospital [1-3]	Portland, Ore.	W. L. Lehman	444	302,363	9,253	8,105	1	4	4P	275
Providence Hospital [1-3]	Portland, Ore.	J. Minckler	332	233,679	6,674	5,134	1	4	4P	275
St. Vincent's Hospital [1-3]	Portland, Ore.	J. E. Nohlgren	285	237,925	9,774	8,840	1	4	4P	275
University of Oregon Medical School Hospitals and Clinics [1-327]	Portland, Ore.	W. C. Hunter-R. Grondahl	444	234,016	3,465	3,465	5	9	4P	100
Veterans Admin. Hospital [1-3]	Portland, Ore.	E. J. Lovell	230	190,035	2,600	2,500	1	1	2P	....
Abington Memorial Hospital [1-3]	Abington, Pa.	J. W. Elman	187	277,582	5,235	5,193	1	4	4P	150
Allentown Hospital [1-3]	Allentown, Pa.	R. E. Bovard	291	251,741	5,280	4,647	1	4	4P	225
Sacred Heart Hospital [1-3]	Allentown, Pa.	D. F. Stader	121	152,580	6,512	5,622	1	1	2P	225
Altoona Hospital [1-3]	Altoona, Pa.	G. J. Heid, Jr.	131	134,906	4,429	4,429	2	2	1P	325
St. Luke's Hospital [1-3]	Bethlehem, Pa.	E. J. Betz	234	132,759	3,678	3,678	1	2	4P	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	M. M. Strumia	211	260,716	4,499	4,117	1	4	4P	200
Chester Hospital [1-3]	Chester, Pa.	G. B. Sickel	270	137,387	3,697	3,697	1	4	2P	350
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	T. K. Hepler	157	253,183	3,240	3,172	1	2	4P	175
Thomas M. Fitzgerald Mercy Hospital [1-3]	Darby, Pa.	W. H. Miller	154	94,414	2,664	2,664	1	16	4P	200
Hamot Hospital [1-3]	Erie, Pa.	E. L. Armstrong	192	335,981	7,003	6,520	1	4	4P	225
St. Vincent's Hospital [1-3]	Erie, Pa.	R. B. Elsenberg	180	176,259	4,063	4,054	1	4	4P	200
Harrisburg Hospital	Harrisburg, Pa.	F. W. Brason	304	310,071	17,058	17,008	1	4	4P	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	J. S. Forrester	304	242,733	6,335	6,335	1	4	4P	200
Conemaugh Valley Memorial Hospital [1-3]	Johnstown, Pa.	R. C. Greene	177	245,192	5,579	4,720	1	4	4P	300
Lancaster General Hospital [1-3]	Lancaster, Pa.	W. M. O'Donnell	205	168,180	4,058	4,058	2	4	2P	200
St. Joseph's Hospital [1-3]	Lancaster, Pa.	H. Shaub	148	125,204	4,511	4,208	1	2	2P	300
Albert Einstein Medical Center										
Northern Division [1-3]	Philadelphia	H. Brody	263	220,676	5,134	5,134	2	4	4P	150
Southern Division [1-3]	Philadelphia	D. Meranze	143	172,593	4,689	4,689	1	4	4P	150
Episcopal Hospital [1-3]	Philadelphia	A. D. Wallis	181	182,157	2,699	2,699	1	1	4P	150
Frankford Hospital [1-3]	Philadelphia	L. Rauer	158	125,981	3,095	3,095	2	2	2P	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	F. Fite	216	113,122	3,296	3,296	1	4	4P	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Valdes-Dapena	167	180,998	3,108	3,108	1	3	3P	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. E. Imbriglia	327	282,218	6,299	6,299	2	6	4P	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. T. Enterline-R. Norris	394	451,484	8,733	8,733	3	12	4P	150
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	I. N. Dubin	110	89,618	2,155	2,141	1	4	4P	110
Jefferson Medical College Hospital [1-3]	Philadelphia	P. A. Herbut	323	296,149	7,657	7,657	2	7	4P	150
Lankenau Hospital [1-3]	Philadelphia	C. F. Brown	178	168,088	5,093	5,093	1	4	4P	200
Misericordia Hospital [1]	Philadelphia	H. E. Marx	166	140,018	3,178	3,178	1	2	2P	250
Pennsylvania Hospital [1-3]	Philadelphia	A. R. Crane	286	302,772	6,460	6,460	4	4	4P	100
Philadelphia General Hospital [1-3]	Philadelphia	J. Clark	1,132	682,407	8,088	8,000	2	5	4P	121
Presbyterian Hospital [1-3]	Philadelphia	R. P. Custer	240	160,022	4,446	3,982	4	7	4P	150
Temple University Hospital [1-3]	Philadelphia	E. E. Aegerter	271	311,308	9,907	9,907	3	10	4P	....
Veterans Admin. Hospital [1-3]	Philadelphia	A. L. Pietrolungo	323	234,408	1,968	1,968	2	4	3P	....
Allegheny General Hospital [1]	Pittsburgh	R. C. Grauer	267	193,540	5,414	5,414	1	4	4P	300
Mercy Hospital [1-3]	Pittsburgh	M. M. Bracken	302	322,606	9,576	6,024	2	8	4P	235
Montefiore Hospital [1-3]	Pittsburgh	K. Y. Yardumian	157	151,243	5,735	4,398	3	3	4P	225
Health Center Hospitals of the University of Pittsburgh School of Medicine										
Children's Hospital [1-3]	Pittsburgh	G. H. Fetterman	155	123,944	1,359	1,359	2	3	1P	125
Elizabeth Steel Magee Hospital [1-3]	Pittsburgh	J. C. Hertshorne	169	98,036	4,788	4,788	1	2	2P	....
Presbyterian Hospital	Pittsburgh	T. Moran	612	413,941	11,644	11,644	7	13	4P	125
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	R. C. Hamilton	229	234,396	3,515	3,498	1	3	4P	200
St. Margaret Memorial Hospital [1-3]	Pittsburgh	J. E. Kurtz	76	81,146	1,821	1,821	1	1	1P	300
Shadyside Hospital [1]	Pittsburgh	E. L. Heller	196	105,816	3,397	2,264	1	2	4P	400
South Side Hospital [1-3]	Pittsburgh	L. Goodman	133	125,696	2,489	2,489	1	3	2P	300
Veterans Admin. Hospital [1-3]	Pittsburgh	E. R. Fisher	324	269,003	2,517	2,517	2	4	4P	....
Western Pennsylvania Hospital [1-3]	Pittsburgh	R. G. McManus	271	202,204	6,811	5,632	2	8	4P	225
Community General Hospital [1-3]	Reading, Pa.	H. S. Cook	116	75,319	2,413	2,371	..	1	2P	300
Reading Hospital [1-3]	Reading, Pa.	W. P. Jennings	279	160,190	3,709	3,679	2	8	4P	225
St. Joseph's Hospital [1-3]	Reading, Pa.	G. Desjardins	155	133,439	4,390	3,071	1	4	2P	250
Robert Packer Hospital [1-3]	Sayre, Pa.	C. H. DeWan	163	214,484	3,144	3,144	1	3	4P	200
Scranton State Hospital [1-3]	Scranton, Pa.	G. A. Clark	106	102,192	2,575	1,443	1	1	1P	470

Numerical and other references will be found on pages 556 through 559.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.	C. E. Rodriguez	119	115,686	9,051	8,589	1	2	2[a]	225
Williamsport Hospital [1-3]	Williamsport, Pa.	M. G. Colvin	125	150,477	5,065	4,470	..	1	4[p]	225
York Hospital	York, Pa.	J. M. Smith	239	153,968	4,974	4,974	1	2	4[p]	225
Rhode Island Hospital [1-3]	Providence, R. I.	H. Fanger	403	321,192	10,930	10,930	3	8	4[p]	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	K. M. Lynch	304	137,947	4,718	3,554	1	3	4[p]	137
Greenville General Hospital [1-3]	Greenville, S. C.	E. A. Dreskin	236	189,592	15,933	7,936	1	3	4[p]	250
Spartanburg General Hospital [1]	Spartanburg, S. C.	C. L. Dale	147	190,647	7,011	7,011	1	1	4[p]	200
Baroness Erlanger Hospital [1-3-12]	Chattanooga, Tenn.	J. W. Adams	229	273,587	14,694	14,694	2	3	2[c]	225
East Tennessee Baptist Hospital [1-3]	Knoxville, Tenn.	R. J. Leffler	106	104,053	5,106	4,596	1	2	2[p]	250
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	G. Mahon	106	96,699	5,066	3,995	1	2	2[p]	250
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	M. L. Trumbull	397	285,071	13,009	11,616	3	9	4[p]	310
City of Memphis Hospitals [1-3]	Memphis, Tenn.	D. H. Sprunt	657	31,617	5,893	5,893	6	18	4[p]	125
Methodist Hospital	Memphis, Tenn.	W. W. Tribby	118	173,663	8,408	7,486	1	2	3[p]	150
St. Joseph Hospital [1-3]	Memphis, Tenn.	L. Prieto	138	150,148	4,859	4,766	1	3	2[a]	250
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	J. M. Young	315	340,488	4,843	4,292	1	1	3[p]	...
Baptist Hospital [1-3]	Nashville, Tenn.	F. Womack	114	164,495	5,096	4,090	1	2	2[a]	175
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	J. R. Cuff	160	1,925	2,067	2,067	2	2	2[a]	125
Nashville General Hospital [1-3]	Nashville, Tenn.	W. A. DeMonbreun	98	165,470	6,589	6,245	1	2	2[p]	175
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	J. L. Shapiro	275	270,000	3,332	3,245	2	5	4[p]	50
Oak Ridge Institute of Nuclear Studies [1-3-29]	Oak Ridge, Tenn.	C. H. Steffee	30	14,831	198	198	..	2	1[a]	167
Brackenridge Hospital [1]	Austin, Texas	J. R. Rainey, Jr.	134	64,819	2,763	2,286	1	1	2[a]	200
Baylor University Hospital [1-3]	Dallas, Texas	J. M. Hill	324	362,266	12,551	12,551	2	7	4[p]	160
Methodist Hospital [1-3]	Dallas, Texas	A. B. Cairns	115	68,805	5,943	4,123	1	3	2[p]	250
Parkland Memorial Hospital [1-3]	Dallas, Texas	C. Ashworth	327	609,305	4,398	4,398	2	6	4[p]	125
St. Paul's Hospital [1-3]	Dallas, Texas	J. L. Goforth	220	283,296	13,093	8,802	2	8	4[p]	125
Harris Hospital [1-3]	Fort Worth, Texas	C. Ashworth C. Fitzwilliam	178	196,736	14,264	13,609	1	2	4[p]	300
St. Joseph's Hospital [1-3]	Fort Worth, Texas	O. J. Wollenman, Jr.	205	208,321	5,161	4,189	4	8	4[p]	300
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	E. Baird	410	250,937	6,039	6,003	2	8	4[p]	160
Baylor University College of Medicine Affiliated Hospitals										
Jefferson Davis Hospital [1-3]	Houston, Texas	S. A. Wallace	464	380,000	4,691	4,675	2	6	4[p]	75
Methodist Hospital [1-3]	Houston, Texas	J. P. Abbott	220	22,426	8,023	7,061	1	4	4[p]	100
Veterans Admin. Hospital [1-3]	Houston, Texas	B. Halpert	389	476,604	2,501	2,292	2	4	4[p]	...
Hermann Hospital [1-3]	Houston, Texas	M. G. Brown	219	441,676	10,246	9,213	1	4	4[p]	100
Memorial Hospital [1-3]	Houston, Texas	F. Leidler	131	159,005	7,162	7,007	1	3	3[p]	230
St. Joseph's Hospital [3]	Houston, Texas	P. M. Marcuse	191	128,291	6,304	5,498	1	4	4[p]	220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-3]	Houston, Texas	W. O. Russell	248	203,835	6,645	6,645	2	14	4[p]	150
Veterans Admin. Hospital [1-3]	McKinney, Texas	R. D. Reed	128	139,612	2,127	2,127	1	1	4[p]	...
Baptist Memorial Hospital [1-3]	San Antonio, Texas	A. O. Severance	160	180,976	5,001	4,713	1	4	4[p]	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	D. L. Galindo	256	137,543	2,687	2,630	1	3	3[p]	150
Santa Rosa Hospital [1-3]	San Antonio, Texas	N. H. Jacob	213	205,464	6,114	3,954	1	4	4[p]	250
Scott and White Memorial Hospitals [1-3]	Temple, Texas	W. N. Powell- J. U. Stinson	97	188,211	7,287	6,854	1	3	3[p]	300
St. Benedict's Hospital [1-3]	Ogden, Utah	R. C. Ellis	93	87,735	2,993	1,745	1	1	1[p]	275
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	W. A. Bennett	116	119,133	4,940	3,728	2	4	2[p]	300
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	J. Carliquist	232	244,717	8,810	6,414	1	4	4[p]	225
Holy Cross Hospital [1-3]	Salt Lake City	C. McNeil	103	109,755	4,834	3,083	1	1	2[p]	200
Salt Lake County General Hospital [1]	Salt Lake City	W. Carnes	197	11,332	1,803	1,780	1	4	3[a]	150
Veterans Admin. Hospital [3]	Salt Lake City	O. N. Rambo, Jr.	91	76,259	1,339	1,094	..	1	1[a]	...
University of Vermont Affiliated Hospitals							..	..	4[p]	...
DeGoesbriand Memorial Hospital [1-3]	Burlington, Vt.	E. Stark	80	49,808	1,735	1,720	1	..	..	180
Mary Fletcher Hospital [1-3]	Burlington, Vt.	R. Coon	145	78,101	5,097	4,893	2	8	..	100
Veterans Admin. Hospital [1-3]	White River Jct., Vt.	R. E. Miller	60	73,332	1,088	967	1	1	1[p]	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	J. R. Cash O. B. Robbitt	228	281,472	10,863	10,863	2	5	4[p]	50
Memorial Hospital [1-3]	Danville, Va.	J. W. Hooker	127	99,337	4,552	4,552	1	4	4[p]	...
Lynchburg General Hospital [1-3]	Lynchburg, Va.	M. Bouton	112	49,674	2,765	2,360	..	1	3[p]	200
Riverside Hospital [1-3]	Newport News, Va.	M. F. Sherrill	70	58,803	3,009	3,009	1	1	1[a]	250
DePaul Hospital [1-3]	Norfolk, Va.	A. F. Strauss	263	207,558	8,001	7,644	1	4	4[p]	200
Norfolk General Hospital [1-3]	Norfolk, Va.	A. J. Rawson- E. D. Levy	214	165,967	9,000	9,050	1	4	4[p]	200
Johnston-Willis Hospital [1]	Richmond, Va.	J. L. Thornton	117	69,244	3,417	3,417	1	1	1[a]	250
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	F. L. Apperly- H. G. Kupfer	457	570,686	9,910	8,924	..	9	4[p]	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	J. R. Kriz	199	217,757	2,348	2,116	1	2	2[p]	...
Doctors Hospital [1-3]	Seattle	G. W. Tooley	150	105,151	6,632	4,864	1	3	2[a]	250
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	C. R. Jensen	668	217,700	3,645	3,261	1	3	4[p]	125
Providence Hospital [1-3]	Seattle	R. G. Bates	188	142,661	6,558	4,177	1	6	2[a]	250
Swedish Hospital [1-3]	Seattle	P. K. Lund	195	152,000	11,942	11,725	1	4	4[p]	225
Veterans Admin. Hospital [1-3]	Seattle	D. V. Brown	240	84,213	1,508	1,456	2	4	3[p]	...
Virginia Mason Hospital [1-3]	Seattle	H. W. Jones	185	188,735	6,876	5,566	1	1	4[p]	150
Deaconess Hospital [1-3]	Spokane, Wash.	T. F. Ludden	198	105,990	4,080	3,252	1	1	3[a]	300
Sacred Heart Hospital [3]	Spokane, Wash.	J. Hill- J. D. McCarthy	255	220,725	7,896	7,336	1	2	3[a]	250
St. Luke's Hospital [1-3]	Spokane, Wash.	O. O. Christianson	117	134,113	3,082	2,144	1	1	2[p]	225
St. Joseph Hospital [1]	Tacoma, Wash.	C. H. Cutler	103	9,627	4,781	4,587	2	2	2[a]	250
Tacoma General Hospital [1-3]	Tacoma, Wash.	C. P. Larson	142	84,860	9,687	5,635	2	4	4[p]	200
Charleston General Hospital [1-3]	Charleston, W. Va.	W. Putschar	132	76,493	3,533	2,659	1	1	3[p]	225
Memorial Hospital [1-3]	Charleston, W. Va.	V. E. Martens	128	90,727	3,043	2,695	..	..	2[p]	225
St. Mary's Hospital [1-3]	Charksburg, W. Va.	H. Fischer	125	125,000	2,808	2,700	1	2	2[p]	250
St. Mary's Hospital [3]	Huntington, W. Va.	S. Werthammer	156	237,380	6,703	6,446	1	1	3[p]	275
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	R. G. Gottschalk	128	201,615	1,278	1,015	1	1	2[p]	...
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	H. G. Little	169	106,308	5,612	4,551	2	6	4[p]	300
Madison General Hospital [1-3]	Madison, Wis.	L. McGary	218	128,638	6,031	6,031	1	2	4[p]	150
University Hospitals [1-3]	Madison, Wis.	W. D. Stovall- D. M. Angevine	358	240,814	5,220	5,172	2	5	4[p]	100
Columbia Hospital [1-3-375]	Milwaukee	G. Ritchie	174	79,809	3,649	2,514	1	4	4[p]	245
Milwaukee County Hospital [1-3]	Milwaukee	J. H. Lunseth	711	342,127	5,173	4,998	2	8	4[p]	207
Milwaukee Hospital [1-3]	Milwaukee	J. H. Lange	147	158,767	6,374	5,300	1	4	4[p]	245
St. Joseph's Hospital [1-3]	Milwaukee	C. H. Altshuler	227	185,093	5,642	4,827	1	4	4[p]	280
St. Luke's Hospital [1-3]	Milwaukee	B. E. Clarke	210	131,736	4,205	4,204	1	4	4[p]	275
St. Mary's Hospital [3-379]	Milwaukee	S. B. Pessin	134	100,731	5,024	3,450	1	3	4[p]	225
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	J. M. Lubitz	144	271,361	2,692	2,473	1	3	4[p]	...
Gorgas Hospital [1]	Ancon, Canal Zone	G. E. Cosgrove	253	347,589	7,513	7,513	1	4	4[p]	345
Queen's Hospital [1-3]	Honolulu, T. H.	W. H. Civin- P. Tamura	230	168,136	6,308	5,809	1	4	4[p]	150
St. Francis Hospital [1-3]	Honolulu, T. H.	R. Chappell	116	121,762	4,978	3,165	2	2	2[a]	100
Bayamon District Hospital [1-3]	Bayamon, P. R.	R. Ramirez	356	126,548	2,177	2,167	1	3	4[p]	250
San Juan City Hospital [1-3]	San Juan, P. R.	E. Kopplsch	172	296,923	3,271	3,268	1	4	3[a]	300

Numerical and other references will be found on pages 556 through 559.

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18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (I. e., TWO or more years).

Hospitals, 250; Assistant Residencies and Residencies, 1,671

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-3]	San Francisco	F. Biehusen	1,153	40	2	4	...
Fitzsimons Army Hospital [1]	Denver	M. E. Steinheimer	641	24	2	4	...
Army Medical Center [1-3]	Washington, D. C.	L. J. Geppert	739	35	3	6	...
William Beaumont Army Hospital	El Paso, Texas	T. W. Cup	3,573	42	2	6	...
Brooke Army Hospital [1-3]	San Antonio, Texas	J. P. Fairchild	896	18	3	6	...
Tripler Army Hospital [1]	Honolulu, T. H.	O. C. Bruton	1,332	72	3	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Oakland, Calif.	M. Kurzrok	1,351	11	2	4	...
U. S. Naval Hospital [1-]	San Diego, Calif.	E. R. Moeller	1,337	24	3	6	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	T. E. Cone, Jr.	778	..	2	4	...
U. S. Naval Hospital [1]	Chelsea, Mass.	D. W. Sherwood	601	48	2	4	...
U. S. Naval Hospital [1]	Philadelphia	W. I. Nelkirk	345	6	2	4	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-3]	Washington, D. C.	R. B. Scott	504	11	2	5	218
NONFEDERAL							
University of Alabama Medical Center							
Children's Hospital [1-3]	Birmingham, Ala.	C. L. Lamar	3,153	..	2	3	148
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	K. Hare	1,404	43	6	12	108
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	G. C. McCullough	1,493	7	2	4	225
Mobile County Hospital [1-3]	Mobile, Ala.	J. H. Baumhauer	839	26	1	1	300
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	C. A. Holmes	646	21	..	1	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	J. Kaye	1,207	25	1	2	300
University Hospital [1]	Little Rock, Ark.	K. Dodd	2,966	74	4	6	150
Kern County General Hospital [1]	Bakersfield, Calif.	A. J. De Fede	1,488	26	2	4	325
San Joaquin General Hospital [1]	French Camp, Calif.	W. T. Auld	773	10	1	2	260
General Hospital of Fresno County [1-3-58]	Fresno, Calif.	J. P. Conrad	1,433	34	2	4	300
California Babies' and Children's Hospital [1-3]	Los Angeles	T. L. Birnberg	180	3	1	2	200
Cedars of Lebanon Hospital [1-3]	Los Angeles	B. Kagan	1,347	10	2	4	250
Children's Hospital [1]	Los Angeles	R. W. Mapes	2,007	52	11	23	150
Los Angeles County Hospital [1]	Los Angeles	R. F. Chinnock	4,714	90	8	14	246
Queen of Angels Hospital [1-3]	Los Angeles	C. Mouton	1,838	12	1	2	200
University of California Hospital [1-3]	Los Angeles	J. M. Adams	1,014	..	3	9	198
White Memorial Hospital [1-3]	Los Angeles	R. F. Chinnock	589	15	2	3	150
Children's Hospital of the East Bay [1]	Oakland, Calif.	H. Long	7,187	56	6	12	225
Highland-Alameda County Hospital [1]	Oakland, Calif.	M. H. Schwartz	1,574	21	2	3	200
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	A. L. King	626	11	4	6	265
Children's Hospital [1-3]	San Francisco	H. E. Thelander	919	10	2	4	150
Department of Contagious Diseases		E. B. Shaw	408	6	1	1	150
St. Mary's Hospital [1-3]	San Francisco	R. Flood	2,000	3	1	2	150
Stanford University Hospitals							
San Francisco Hospital [1-3]	San Francisco	E. H. Senz	733	8	3	3	195
University Hospital [1-3]	San Francisco	R. H. Alway	434	21	3	7	80
University of California Hospitals							
San Francisco Hospital [1-3]	San Francisco	H. B. Bruyn	690	9	2	2	195
University Hospital [1-3]	San Francisco	W. C. Deamer	807	36	3	7	210
Santa Clara County Hospital [1-3]	San Jose, Calif.	R. D. Cutter	469	13	1	2	260
St. John's Hospital [1]	Santa Monica, Calif.	A. B. Polson	1,648	9	2	2	200
Harbor General Hospital [1-59]	Torrance, Calif.	A. J. Moss	1,363	27	3	6	246
Children's Hospital [1-3]	Denver	R. O. Sherberg	4,865	84	6	10	200
University of Colorado Medical Center							
Colorado General Hospital [1-3]	Denver	C. H. Kempe	580	58	7	16	180
Denver General Hospital [1-3]	Denver	E. Plattner	1,221	16	..	..	157
Hartford Hospital [1-3]	Hartford, Conn.	J. B. Griggs	1,489	38	1	2	100
St. Francis Hospital [1-3]	Hartford, Conn.	T. F. Murphy	1,001	13	2	4	125
Grace-New Haven Community Hospital [1-3-98]	New Haven, Conn.	M. J. E. Senn-W. R. Wilson	870	53	6	10	50
Hospital of St. Raphael [1]	New Haven, Conn.	P. F. McAlenney	2,000	26	2	3	150
Delaware Hospital [1-3]	Wilmington, Del.	R. O. Y. Warren	2,286	43	2	4	220
Children's Hospital [1-3]	Washington, D. C.	R. H. Parrott	3,115	37	13	22	100
District of Columbia General Hospital [1-3]	Washington, D. C.	L. Hoeck	2,263	40	5	10	233
Georgetown University Hospital [1-3]	Washington, D. C.	E. L. Burke	1,301	31	3	9	175
Duval Medical Center [1-3—St. Vincent's Hospital [1-3]. Jacksonville, Fla.		J. K. David, Jr.-H. Carithers	3,070	31	3	5	150
Jackson Memorial Hospital [1-3]	Miami, Fla.	R. B. Lawson	1,754	34	4	8	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	J. H. Patterson	1,308	25	5	6	285
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	J. Kupinsky	3,728	13	2	4	365
Grady Memorial Hospital [1-3]	Atlanta, Ga.	R. W. Blumberg	1,057	49	4	10	100
Henrietta Egleston Hospital for Children [1]	Atlanta, Ga.	M. H. Roberts	906	18	1	3	150
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	C. D. Fowler	1,491	12	1	2	270
University Hospital [1]	Augusta, Ga.	P. Mulherin	1,444	20	3	7	200
Children's Memorial Hospital [1-3]	Chicago	J. B. Bigler	6,623	88	12	16	75
Cook County Hospital [1-3]	Chicago	M. P. Borovsky	8,353	303	8	15	100
Department of Contagious Diseases		A. L. Hoyne	1,127	29	1	1	100
Loyola University (Stritch School of Medicine) Affiliated Hospitals							
Mercy Hospital [1-3-93]	Chicago	W. H. Elghammer	1,605	24	4	9	200
Michael Reese Hospital	Chicago	J. Metcoff	5,542	137	7	12	125
Mount Sinai Hospital [1-3]	Chicago	I. M. Levin	2,841	76	1	2	125
Presbyterian Hospital [1-3]	Chicago	C. J. Harrison	1,176	34	2	2	125
Provident Hospital [1-3]	Chicago	C. J. Runner	764	13	1	2	200
St. Luke's Hospital [1-3]	Chicago	A. D. Biggs	471	10	1	2	125
University of Chicago Clinics [1-3]	Chicago	F. H. Wright	1,260	64	6	13	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	H. N. Sanford	1,728	57	4	7	125
St. Francis Hospital [1]	Evanston, Ill.	N. G. Shaw	3,221	18	2	3	175
Little Company of Mary Hospital	Evergreen Park, Ill.	E. G. Lawler	4,601	14	2	4	175
Indiana University Medical Center							
Indianapolis General Hospital [1]	Indianapolis	H. F. Call	414	8	2	4	205
Indiana University Medical Center Hospital [1]	Indianapolis	L. T. Melks	1,767	121	5	11	165
Riley Hospital	Indianapolis	...	...	...	...	...	...
Methodist Hospital [1]	Indianapolis	P. Hedrick	2,340	18	1	2	278
Raymond Blank Memorial Hospital for Children [1-3]	Des Moines, Iowa	L. F. Hill	4,571	53	4	8	175
State University of Iowa Hospitals [1-3]	Iowa City	C. D. May	1,621	57	4	8	140
University of Kansas Medical Center [1-3]	Kansas City, Kan.	H. Miller	1,322	49	4	8	125
St. Joseph Infirmary [1-3]	Louisville, Ky.	J. B. Larson	3,125	19	2	4	210
University of Louisville Hospitals							
Children's Hospital [1-3]	Louisville, Ky.	J. A. Little	3,602	..	5	14	88
Louisville General Hospital [1-2-138]	Louisville, Ky.	A. J. Stelgman	571	9	4	9	83

Numerical and other references will be found on pages 556 through 559.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	R. L. Fowler	2,148	48	9	17	100
Tulane University Unit [1]	New Orleans	R. V. Platou	2,167	50	9	17	100
Confederate Memorial Medical Center [1]	Shreveport, La.	C. H. Webb	3,293	35	2	4	125
Baltimore City Hospital [1-3]	Baltimore	H. E. Harrison	1,361	108	4	6	50
Johns Hopkins Hospital [1-3]	Baltimore	R. E. Cooke	1,951	121	10	19	150
Mercy Hospital [1-3]	Baltimore	F. B. Smith	624	11	1	2	275
Sinai Hospital [1-3]	Baltimore	H. H. Gordon	986	79	4	8	110
Union Memorial Hospital [1]	Baltimore	C. O'Donovan, Jr.	716	8	2	3	215
University Hospital [1-3]	Baltimore	J. E. Bradley	786	34	3	7	75
Boston City Hospital [1-3]	Boston	S. S. Gellis	1,233	90	12	15	112
Boston Floating Hospital [1-4-115]	Boston	J. M. Batty	2,375	59	..	8	100
Children's Medical Center [1-3]	Boston	C. A. Janeway	1,585	203	5	35	....
Massachusetts General Hospital [1-3]	Boston	A. M. Butler	1,901	..	10	17	67
Worcester City Hospital [1-3]	Worcester, Mass.	R. Cox	949	10	2	4	215
University Hospital [1-3]	Ann Arbor, Mich.	J. L. Wilson	1,601	73	11	27	154
Children's Hospital [1-3]	Detroit	P. V. Woolley, Jr.	6,969	245	12	27	150
Harper Hospital [1-3-291]	Detroit	E. E. Martuner	1,737	26	4	8	225
Henry Ford Hospital [1-3]	Detroit	J. A. Johnston	1,571	12	4	8	225
Hurley Hospital [1-3]	Flint, Mich.	E. M. Eichorn	3,950	53	1	2	325
Butterworth Hospital [1-3]	Grand Rapids, Mich.	M. Peck	1,203	42	1	2	300
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	F. M. Adams	3,664	9	1	2	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. M. Heavenrich	1,999	10	1	2	345
Minneapolis General Hospital [1-3]	Minneapolis	R. B. Raile	1,959	35	3	4	209
University of Minnesota Hospitals [1-3]	Minneapolis	J. A. Anderson	2,357	151	10	20	185
Mayo Foundation [1-3]	Rochester, Minn.	J. W. Du Shane	3,456	50	6	18	175
University Hospital [1]	Jackson, Miss.	B. Batson	1,104	32	2	4	250
University of Missouri Medical Center [1-3]	Columbia, Mo.	R. L. Jackson	787	11	2	5	200
Children's Mercy Hospital	Kansas City, Mo.	W. Hart	1,929	19	3	8	175
Kansas City General Hospital No. 1 [210]	Kansas City, Mo.	G. E. Hughes	765	3	1	2	200
Homer G. Phillips Hospital [1-3]	St. Louis	P. J. White	2,752	44	6	14	201
St. Louis Children's Hospital [1-3]	St. Louis	A. F. Hartmann	4,050	116	16	32	50
St. Louis City Hospital [1-3]	St. Louis	V. Peden	2,150	25	4	8	92
St. Mary's Group of Hospitals [1-3]	St. Louis	J. P. King	2,457	55	4	8	100
Children's Memorial Hospital [1-3]	Omaha	J. L. Gedgoud	4,200	45	4	8	275
Creighton Memorial–St. Joseph's Hospital	Omaha	J. H. Murphy	1,931	9	2	4	210
Contagious Division of County Hospital							
Omaha Children's Hospital							
Riverview Home							
St. Joseph Orphanage							
University of Nebraska Hospital [1-3-223]	Omaha	G. E. Gibbs	584	15	3	6	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	C. C. Stewart	955	10	1	2	218
Jersey City Medical Center [1-3]	Jersey City, N. J.	B. P. Abrams	1,409	10	3	6	168
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	J. F. Raffetto	1,368	10	1	2	200
Babies Hospital–Coit Memorial [1-3]	Newark, N. J.	W. Mitchell	3,444	22	2	4	150
Newark Beth Israel Hospital [1-3]	Newark, N. J.	A. Heyman	511	13	1	2	100
St. Michael's Hospital [1-3]	Newark, N. J.	H. A. Murray	2,991	21	3	5	165
St. Francis Hospital [1-3]	Trenton, N. J.	H. Davis	4,336	18	1	1	210
Bernalillo County-Indian Hospital	Albuquerque, N. Mex.	O. Syme	993	24	1	3	260
Albany Hospital [1-3]	Albany, N. Y.	P. Patterson	989	27	3	5	160
Beth-El Hospital [1-3]	Brooklyn, N. Y.	B. Schick	413	11	3	4	125
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	T. M. Lamb	578	31	2	4	175
Coney Island Hospital	Brooklyn, N. Y.	S. Nussbaum	549	10	1	3	157
Cumberland Hospital [1-3]	Brooklyn, N. Y.	J. A. Monfort	837	21	2	4	104
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	I. Schiff	621	15	2	3	105
Jewish Hospital [1-3]	Brooklyn, N. Y.	J. Pineus	555	20	3	8	100
Kings County Hospital Center	Brooklyn, N. Y.	K. G. Jennings-R. L. Day	2,135	52	7	23	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	C. A. Weymuller	530	14	2	3	156
Lutheran Medical Center [1-3]	Brooklyn, N. Y.	J. A. Monfort	710	38	1	2	160
Maimonides Hospital [1-3]	Brooklyn, N. Y.	B. Kramer	487	11	1	3	75
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	J. P. Lombard	616	1	2	3	125
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	B. H. Shulman	933	6	1	2	175
Children's Hospital [1-3]	Buffalo	M. I. Rubin	3,425	126	8	21	125
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	T. S. Bumbalo	1,067	17	1	3	248
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	T. C. Gundwin	320	6	1	1	150
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	E. E. Amerman	1,593	33	2	5	105
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	E. A. Stanchi	1,731	53	3	6	225
Queens General Hospital [1-3]	Jamaica, N. Y.	M. Coe	1,314	66	4	7	105
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	A. Cuddington	2,483	7	2	2	225
North Shore Hospital [1-3]	Manhasset, N. Y.	A. L. Florman	362	3	1	3	200
Long Island Jewish Hospital [1-3]	New Hyde Park, N. Y.	S. Karelitz	607	24	2	4	75
Bellevue Hospital Center							
Div. III New York University College of Medicine	New York City	L. E. Holt, Jr.	1,521	82	6	7	105
Bronx Hospital [1-3]	New York City	J. H. Lapin	650	6	2	3	75
Bronx Municipal Hospital Center [1-3]	New York City	H. L. Barnett	1,933	13	10	20	105
Fordham Hospital [1-3]	New York City	J. Golomb	661	13	2	3	104
Harlem Hospital [1-3]	New York City	H. J. Cohen	863	34	2	4	71
Lenox Hill Hospital [1-3]	New York City	F. Anderson	725	13	1	2	180
Lincoln Hospital [1-3]	New York City	L. Penn	1,545	122	2	6	71
Morrisania City Hospital [1-3]	New York City	H. D. Pasachoff	820	76	2	4	104
Mount Sinai Hospital [1-3]	New York City	H. L. Hodes	2,924	75	5	10	75
New York Hospital [1-3]	New York City	S. Z. Levine	1,593	119	6	15	164
New York Infirmary [1-3]	New York City	B. Worcester	311	11	1	2	175
New York Medical College–Metropolitan Medical Center							
Flower and Fifth Avenue Hospitals	New York City	L. B. Slobody	2,997	41	2	3	....
Metropolitan Hospital [1-3]	New York City	L. B. Slobody	1,546	12	6	12	104
New York Polyclinic Medical School and Hospital [1-3]	New York City	S. V. Haas	304	2	1	2	125
New York University–Bellevue Medical Center							
University Hospital	New York City	A. De Sanctis	474	7	3	7	85
Presbyterian Hospital [1]	New York City	R. McIntosh	4,653	178	8	19	250
Roosevelt Hospital [1-3-271]	New York City	E. N. Joyner, III	619	4	2	4	133
St. Clare's Hospital [1-3]	New York City	C. H. O'Regan	471	23	2	3	200
St. Luke's Hospital	New York City	J. F. Eagle	655	14	3	6	100
St. Vincent's Hospital [1-3]	New York City	A. J. Vignec	3,934	64	5	6	125
Genesee Hospital [1-3]	Rochester, N. Y.	J. Glaser	1,604	34	1	2	240
Rochester General Hospital [1-3-289]	Rochester, N. Y.	E. H. Townsend, Jr.	791	43	2	4	125
St. Mary's Hospital [1-3]	Rochester, N. Y.	R. Sommers	2,968	6	1	2	200
Strong Memorial–Rochester Municipal Hospitals [1-3-287]	Rochester, N. Y.	W. L. Bradford	1,805	68	4	15	117
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	J. B. Richmond	7,717	78	5	11	233
Grasslands Hospital [1-3]	Valhalla, N. Y.	D. A. Wilcox	502	12	1	3	175
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	E. C. Curmen	1,736	56	6	12	156
Charlotte Memorial Hospital [1]	Charlotte, N. C.	C. Adams	590	8	1	2	250

Numerical and other references will be found on pages 556 through 559.

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18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Duke University Hospital [1-2-298]	Durham, N. C.	J. Harris	2,508	87	..	8	102
Watts Hospital [1-3]	Durham, N. C.	A. H. London	766	5	..	1	175
Rex Hospital [1]	Raleigh, N. C.	C. R. Bugg	2,340	..	1	2	350
Babies' Hospital [1-3]	Wilmington, N. C.	J. B. Sidbury	1,851	13	1	2	300
City Memorial Hospital [1-3]	Winston-Salem, N. C.	F. A. Blount	1,549	11	1	2	300
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	W. M. Kelsey	1,749	37	4	8	125
Mary Day Nursery and Children's Hospital [1-3]	Akron, Ohio	N. Miller	3,463	48	9	9	250
University of Cincinnati College of Medicine Hospital Group							
Children's Hospital [1]	Cincinnati	A. A. Weech	..	..	15	24	75
Cincinnati General Hospital [1-3-302]	Cincinnati	A. A. Weech	708	64	..	..	..
Good Samaritan Hospital [1-3]	Cincinnati	R. H. Kotte	2,525	26	1	2	250
City Hospital [1-3]	Cleveland	F. C. Robbins	1,639	56	5	12	102.50
Department of Contagious Diseases	Cleveland	..	..	..	..	..	..
Cleveland Clinic Hospital [1-3]	Cleveland	R. D. Mercer	1,143	15	2	4	175
St. Luke's Hospital [1-3]	Cleveland	G. G. Hodges	1,090	12	1	2	140
University Hospitals [1-3-309]	Cleveland	W. Wallace	2,754	90	5	12	125
Children's Hospital [1-3]	Columbus, Ohio	E. H. Baxter	3,811	114	8	19	150
University of Oklahoma Hospitals [1-3]	Oklahoma City	H. B. Strenge	1,655	75	3	6	..
Hillcrest Medical Center [1-3]	Tulsa, Okla.	H. Graham	3,140	18	1	2	150
St. John's Hospital [1-3]	Tulsa, Okla.	G. R. Russell	3,791	16	1	2	175
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	A. J. Hill, Jr.	820	43	4	8	100
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	E. F. Rabe	730	9	1	2	175
Harrisburg Hospital	Harrisburg, Pa.	R. T. Tursky	2,134	41	1	1	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	M. Ames	2,503	14	1	2	300
Albert Einstein Medical Center	Philadelphia	A. Capper	2,290	6	2	4	150
Northern Division [1-3]	Philadelphia	..	..	..	..	..	..
Southern Division [1-3]	Philadelphia	..	..	..	..	..	..
Children's Hospital [1-3]	Philadelphia	J. Stokes, Jr.	6,042	67	9	22	50
Germantown Dispensary and Hospital [1-3]	Philadelphia	J. C. Williams	1,461	6	1	2	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. A. Ritter	313	9	1	2	..
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. C. Fischer	1,254	46	4	8	75
St. Luke's and Children's Medical Center [1-3]	Philadelphia	H. A. Agerty	656	10	3	3	125
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Gyorgy	990	8	3	7	..
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	J. Crump	858	2	1	3	110
Jefferson Medical College Hospital [1-3]	Philadelphia	H. G. Keitel	678	7	2	4	100
Philadelphia General Hospital [1]	Philadelphia	A. McElfresh	5,462	87	4	8	121
Temple University Hospitals							
St. Christopher's Hospital for Children [1-3]	Philadelphia	W. E. Nelson	3,874	..	10	28	50
Temple University Hospital [1-3]	Philadelphia	W. E. Nelson	19	1	..	..	..
Allegheny General Hospital [1]	Pittsburgh	T. O. Elterich	721	20	1	2	200
Health Center Hospitals of the University of Pittsburgh							
School of Medicine	Pittsburgh	E. R. McCluskey	2,296	77	10	21	125
Children's Hospital			..	..	..	..	..
Robert Packer Hospital [1-3]	Sayre, Pa.	D. S. Motsay	2,650	16	1	3	200
Charles V. Chapin Hospital [1-3-183]	Providence, R. I.	M. Adelman	907	8	4	8	150
Rhode Island Hospital [1-3-342]	Providence, R. I.	B. Feinberg	1,312	16	3	7	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	M. W. Beach	2,738	54	3	6	137
Columbia Hospital of Richland County [1-3]	Columbia, S. C.	J. R. Harvin	4,517	19	1	2	175
City of Memphis Hospitals [1-3]	Memphis, Tenn.	F. T. Mitchell	2,073	74	5	12	125
Le Bonheur Children's Hospital [1-3-344]	Memphis, Tenn.	C. B. Etter	4,831	31	2	3	100
Baptist Hospital [1-3]	Nashville, Tenn.	E. E. Wilkinson	1,407	8	2	3	175
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	E. P. Crump	816	7	2	6	125
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	A. Christie	923	34	4	6	50
Driscoll Foundation Children's Hospital [1-3]	Corpus Christi, Texas	C. P. Jasperson	1,080	65	2	5	200
Children's Medical Center [1-3]	Dallas, Texas	E. Pratt	3,888	38	9	17	150
St. Paul's Hospital [1-3]	Dallas, Texas	D. V. Speegal	2,779	19	2	4	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	A. E. Hansen	817	..	6	14	160
Baylor University College of Medicine Affiliated Hospitals							
Hermann Hospital [1-3]	Houston, Texas	R. J. Blattner	765	18	2	6	100
Jefferson Davis Hospital [1-3]	Houston, Texas	R. J. Blattner	1,501	109	7	13	75
Methodist Hospital [1-3]	Houston, Texas	E. B. Brandes	155	3	2	2	100
Texas Children's Hospital [1-3]	Houston, Texas	R. J. Blattner	6,120	101	2	6	100
St. Joseph's Hospital [1-3]	Houston, Texas	R. D. Lomas	4,353	24	1	2	200
University of Texas Postgraduate School of Medicine Affiliated Hospitals							
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	C. B. Alexander	1,152	47	1	2	150
Santa Rosa Hospital [1-3]	San Antonio, Texas	M. L. Thornton	2,382	41	1	2	250
Salt Lake County General Hospital [1]	Salt Lake City	J. Bosma	727	9	4	14	150
University of Vermont Medical Center							
De Goesbriand Memorial Hospital [1-3]	Burlington, Vt.	R. Corley	632	23	1	3	180
Mary Fletcher Hospital [1-3]	Burlington, Vt.	R. J. McKay	559	32	2	4	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. W. Waddell, Jr.	715	21	4	5	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	L. E. Sutton, Jr.	1,868	50	8	14	75
University of Washington Affiliated Hospitals							
Children's Orthopedic Hospital [1-3]	Seattle	A. Rembe	2,871	95	4	10	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. A. Aldrich	884	14	2	3	125
Memorial Hospital [1-3]	Charleston, W. Va.	J. Basman	1,086	7	1	2	250
University Hospitals [1-3]	Madison, Wis.	..	1,654	31	2	6	100
Milwaukee Children's Hospital [1-3]	Milwaukee	G. H. Wegmann	3,499	69	5	10	175
Milwaukee County Hospital [1-3]	Milwaukee	M. G. Peterman	2,499	32	3	5	207
Gorgas Hospital [1]	Ancon, Canal Zone	D. Hirschl	866	5	1	2	345
Kauikeolani Children's Hospital [1-3]	Honolulu, T. H.	I. McQuarrie	2,693	23	3	5	200
Bayamon District Hospital [1-3]	Bayamon, P. R.	V. O. DeFreeman	1,971	100	1	2	250
San Juan City Hospital [1-3]	San Juan, P. R.	A. Ortiz	1912	72	4	8	300

Residency programs in the following hospitals have been approved by the Council and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering training of less than two years' duration, which is integrated with a fully approved training program.

Hospitals, 22; Assistant Residencies and Residencies, 42

NONFEDERAL

Seaside Memorial Hospital [1-3]	Long Beach, Calif.	W. Buerger	2,343	11	1	2	235
San Diego County General Hospital [1-3-75]	San Diego, Calif.	L. E. Reck	1,030	19	1	1	175
Mount Zion Hospital [1-3]	San Francisco	S. J. Robinson	1,140	3	1	1	150
Waterbury Hospital [1]	Waterbury, Conn.	J. L. Hetzel	2,284	5	1	2	225
Variety Children's Hospital [1]	Miami, Fla.	G. Antell	982	17	..	..	..
Grant Hospital [1]	Chicago	D. H. Welker	758	2	1	1	225
Illinois Masonic Hospital [1-3]	Chicago	M. R. Jackson	1,629	7	3	3	115
Evanston Hospital [1-3]	Evanston, Ill.	A. L. Newcomb	1,406	9	1	1	225
Hotel Dieu [1-1-45]	New Orleans	E. A. Socola	2,045	5	2	3	225
Southern Baptist Hospital [1-3]	New Orleans	B. C. Mason	2,264	24	1	2	225

Numerical and other references will be found on pages 556 through 559.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
Herman Kiefer Hospital [1-2-18]	Detroit	D. C. Young	1,419	15	3	3	326
St. Peter's Hospital [1-2-231]	Albany, N. Y.	H. F. Leahy	1,595	7	..	2	225
Wyckoff Heights Hospital [1-2-238]	Brooklyn, N. Y.	V. Larkin	2,110	28	2	4	100
Flushing Hospital and Dispensary [1-2-285]	Flushing, N. Y.	H. T. Vogel	4,461	45	1	2	175
Mary Immaculate Hospital [2]	Jamaica, N. Y.	A. A. Trivilino	2,429	21	1	1	160
St. Francis Hospital [1-2-277]	New York City	D. J. Dolan	664	7	2	3	125
Mercy Hospital [1-2]	Toledo, Ohio	J. J. Tansey	728	15	1	1	275
Greenville General Hospital [1-2]	Greenville, S. C.	W. DeLoache	1,212	18	..	1	275
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	P. Holliday	3,221	47	4	5	225
Baptist Memorial Hospital [1-2]	Memphis, Tenn.	G. S. Lovejoy	1,500	9	..	..	..
St. Joseph Hospital [1-2-244]	Memphis, Tenn.	H. Jacobson	1,361	5	1	2	250
De Paul Hospital [1-2]	Norfolk, Va.	W. M. Fink	2,231	17	1	2	200

Residency programs in the following hospitals have been approved by the Council and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering training of one years' duration which is in the process of being integrated with a fully approved program. Approval for one year of training has been granted up to June 30, 1958. Continued approval will be contingent upon evaluation of surveys being carried out prior to that date.

Hospitals, 5; Assistant Residencies and Residencies, 7

NONFEDERAL

Central Maine General Hospital [1]	Lewiston, Maine	H. C. Thacher	1,136	16	1	1	225
Cooper Hospital [1-2]	Camden, N. J.	V. Del Duca	883	28	..	..	83
Methodist Hospital [1-2]	Brooklyn, N. Y.	W. R. Coles	1,163	23	1	2	175
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	A. G. Stigliano	958	4	1	2	200
Misericordia Hospital	New York City	F. Castrovinel	495	4	1	2	100

19. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering acceptable training in the specialty.

Hospitals, 66; Assistant Residencies and Residencies, 226

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-2]	San Francisco	W. Moore, Jr.	2,348	127,052	1	3	3	...
Fitzsimons Army Hospital [1]	Denver	J. W. Thomas	5,579	201,212	1	3	3	...
Army Medical Center [1-2]	Washington, D. C.	A. F. Mastellone	4,012	160,672	1	3	3	...
NONFEDERAL AND VETERANS ADMINISTRATION								
Los Angeles County Hospital [1]	Los Angeles	E. Austin	26,158	.....	1	2	3	246
Veterans Admin. Hospital [1-2]	Los Angeles	J. B. Moor	7,644	97,164	2	6	3	...
White Memorial Hospital [1-2]	Los Angeles	C. E. Chapman	6,459	24,426	1	3	3	150
Veterans Admin. Hospital [1-2]	Oakland, Calif.	L. Elsing	1,923	120,715	1	3	3	...
University of California Hospital [1-2]	San Francisco	S. Mead	12,420	17,643	..	..	3	...
Kaiser Foundation Hospital	Vallejo, Calif.	.....	.....	.....	..	..	1	...
California Rehabilitation Center	.....	.....	.....	.....	..	..	..	365
University of Colorado Medical Center								
Colorado General Hospital [1-2]	Denver	J. W. Gersten	2,500	36,071	2	6	3	180
Veterans Admin. Hospital [1-2]	Denver	C. C. Hoffman	1,359	40,051	1	1	3	...
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	T. F. Hines	1,241	36,607	1	3	3	50
State of Connecticut Veterans Home and Hospital	Rocky Hill, Conn.	W. T. Liberson	636	66,592	2	3	3	...
District of Columbia General Hospital [1-2]	Washington, D. C.	J. Buchanan	3,422	48,849	1	3	3	233
Georgetown University Hospital [1-2]	Washington, D. C.	C. D. Shields	693	7,545	2	2	1	250
George Washington University Hospital [1-2]	Washington, D. C.	C. Wise	2,960	16,113	1	2	3	150
Georgia Warm Springs-Emory University Foundation [1-2]	Warm Springs, Ga.	R. L. Bennett	2,960	151,361	2	6	3	300
Loyola University (Stritch School of Medicine) Affiliated Institutions								
City of Chicago, Department of Welfare Convalescent Home	Chicago	A. A. Rodriques	207	15,624	1	3	3	...
Northwestern University Medical Center [1-2]	Chicago	B. Boynton	16,735	39,824	2	6	3	...
Veterans Admin. Research Hospital [1]	Chicago	L. B. Newman	989	43,680	2	2	3	...
Institute of Physical Medicine and Rehabilitation [1-21]	Peoria, Ill.	.....	1,606	27,829	2	2	3	...
University of Kansas Medical Center [1-2]	Kansas City, Kan.	D. Rose	2,242	50,278	1	3	3	125
Veterans Admin. Hospital [1]	Kansas City, Mo.	R. R. Beasley	3,192	55,445	..	..	..	...
University of Louisville Medical Center [1-2]	Louisville, Ky.	R. McMorris	530	31,398	3	3	3	...
Massachusetts General Hospital [1-2]	Boston	A. L. Watkins	24,676	.....	2	2	3	67
Veterans Admin. Hospital [1-2-152]	Boston (Jamaica Plain)	F. Friedland	2,694	134,952	1	3	3	...
University Hospitals [1-2]	Ann Arbor, Mich.	J. W. Rae, Jr.	3,825	36,099	2	6	3	154
University of Minnesota Hospitals [1-2]	Minneapolis	F. J. Kottke	2,812	89,147	3	11	3	300
Mayo Foundation [1-2]	Rochester, Minn.	F. H. Krusen	17,066	96,900	3	9	3	175
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	T. P. Anderson	12,747	26,240	1	2	3	218
Veterans Admin. Hospital [1-2]	East Orange, N. J.	C. Brooke	1,784	5,352	1	1	3	...
Veterans Admin. Hospital [1-2]	Albany, N. Y.	J. Ehrlich	5,251	110,621	1	3	3	...
Jewish Chronic Disease Hospital [1-2]	Brooklyn, N. Y.	J. B. Rogoff	4,592	64,433	2	6	3	175
Elmhurst General Hospital [1-2-17]	Elmhurst, N. Y.	J. Sokolow	927	11,460	2	3	1	104
Bellevue Hospital Center								
Div. III-New York University College of Medicine [283]	New York City	H. Rusk	243	30,177	4	13	3	89
Bronx Municipal Hospital Center [1-2]	New York City	A. S. Abramson	5,256	40,960	2	5	3	105
Goldwater Memorial Hospital [1-2-272]	New York City	M. Dacso	860	114,707	2	5	3	104
Hospital for Joint Diseases [1-2]	New York City	A. S. Russek	24,799	36,249	1	1	1	80
Montefiore Hospital [1-2]	New York City	K. Harpuder	330	5,107	1	2	2	187
Mount Sinai Hospital [1-2]	New York City	W. Bierman	12,349	46,508	1	1	3	75
New York Medical College-Metropolitan Medical Center		.....	.....	.....	..	..	3	...
Bird S. Coler Memorial Hospital and Home [1-2]	New York City	J. S. Tobis	1,075	91,870	2	11	..	157
Metropolitan Hospital [1-2]	New York City	J. S. Tobis	3,716	33,193	1	3	..	104
Presbyterian Hospital [1]	New York City	R. C. Darling	46,623	166,466	1	3	3	308
St. Luke's Hospital	New York City	R. Muller	934	125,835	1	1	1	100
Veterans Admin. Hospital [1-2]	New York City (Bronx)	A. Ebel	4,111	338,604	3	4	3	...
Veterans Admin. Hospital [1-2]	New York City (Manhattan)	B. Stoll	1,772	140,989	2	4	3	...
City Hospital [1-2]	Cleveland	N. Coyne	21,844	33,411	1	3	1	162.50
Cleveland Clinic Hospital [1-2]	Cleveland	P. A. Nelson	5,146	28,728	1	3	3	175
Highland View-Cuyahoga County Hospital [1-2]	Cleveland	M. Peszczynski	5,500	90,000	3	6	3	190
Veterans Admin. Hospital [1-2]	Cleveland	B. B. Sutton	1,391	80,433	1	2	1	...
Ohio State University Hospitals								
University Hospital [1-2]	Columbus, Ohio	R. E. Worden	21,989	49,053	2	6	3	177
Veterans Admin. Hospital [1-2]	Dayton, Ohio	L. Rosenberg	1,279	69,660	2	2	1	...

Numerical and other references will be found on pages 556 through 559.

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19. PHYSICAL MEDICINE AND REHABILITATION—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered[4]	Total Residencies Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3]	Oklahoma City	E. M. George	1,512	61,092	2	2	3	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	E. W. Fowlks	2,982	154,046	..	1	3	...
Hospital of The University of Pennsylvania [1-3]	Philadelphia	W. Erdman	2,136	24,239	2	6	3	...
Philadelphia General Hospital [2]	Philadelphia	A. Martucci	10,849	141,860	1	3	3	121
Veterans Admin. Hospital [1-3]	Philadelphia	R. A. Schlesinger	974	47,483	1	2	3	...
Veterans Admin. Hospital [1-3]	Pittsburgh	S. Machover	5,772	98,708	1	2	2	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	F. J. Schaffer	2,547	100,100	1	2	3	...
Baylor University Hospital [1-3]	Dallas, Texas	E. Krusen	32,018	100,895	1	3	3	160
Gonzales Warm Springs Foundation Hospital for Crippled Children [1-3]	Gonzales, Texas	O. F. Von Werssowetz	1,768	78,611	2	4	1	200
Baylor University College of Medicine Affiliated Hospitals								
Veterans Admin. Hospital [1-3]	Houston, Texas	L. A. Lenvitt	9,210	150,432	2	6	3	...
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	H. W. Park	3,402	74,294	2	6	3	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	A. R. Dawson	4,360	243,816	1	3	3	...
Veterans Admin. Hospital [1-3]	Milwaukee, (Wood), Wis.	R. Pinskoski	3,834	225,927	1	1	3	...
Veterans Admin. Hospital [1-3]	San Juan, P. R.	H. J. Flax	349	7,616	2	2	1	...

20. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty.

Hospitals, 47; Assistant Residencies and Residencies, 109

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[4]	Total Residencies Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Brooke Army Hospital [1-3]	San Antonio, Texas	J. H. Tenery	331	..	1	2	..	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of California Hospital [1-3]	Los Angeles	R. W. Bailey	698	7,090	2	5	3	198
Veterans Admin. Hospital [1-3]	Los Angeles	G. Webster	263	..	1	1	1	...
Franklin Hospital [1-3]	San Francisco	H. M. Blackfield	277	1	1	2	2	200
St. Francis Memorial Hospital [1-3]	San Francisco	G. W. Pierce	777	..	1	2	2	300
University of Illinois Affiliated Hospitals		P. W. Greeley	...	..	..	..	3	...
Research and Educational Hospitals [1-3]	Chicago		184	..	..	1	..	200
St. Luke's Hospital [1-3]	Chicago		208	1	1	1	..	125
Veterans Admin. Hospital [1]	Hines, Ill.		160	2	1	1	..	...
Indiana University Medical Center [1]	Indianapolis	H. M. Trussler	458	4	..	2	2	215
University of Kansas Medical Center [1-3]	Kansas City, Kan.	D. Robinson	552	6	1	2	2	125
Johns Hopkins Hospital [1-3]	Baltimore	M. T. Edgerton	Incl. in Surgery		..	3	2	150
St. Joseph's Mercy Hospital [1]	Ann Arbor, Mich.	R. O. Dingman	377	..	..	2	2	...
Henry Ford Hospital [1-3]	Detroit	R. H. Clifford	Incl. in Surgery		2	4	2	225
Mayo Foundation [1-3]	Rochester, Minn.	J. B. Erich	3,157	3	2	8	3	175
University Hospital [1]	Jackson, Miss.	J. Hendrix	99	1	..	1	3	250
Barnes Hospital [1-3]	St. Louis	J. B. Brown	1,156	6	4	8	2	75
St. Mary's Group of Hospitals [1-3]	St. Louis	F. X. Paletta	586	2	1	3	2	120
Dartmouth Medical School Affiliated Hospitals		R. C. Tanzer	258	4	1	2	..	273
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.		...	..	..	..	..	...
Veterans Admin. Hospital [1-3]	White River Jct., Vt.		...	..	..	..	..	...
Hospitals of Saint Barnabas, and for Women and Children [1]	Newark, N. J.	L. A. Peer	751	1	..	2	2	200
Albany Hospital [1-3]	Albany, N. Y.	B. Macomber	561	3	1	2	2	160
St. Peter's General Hospital	Albany, N. Y.		...	..	..	..	..	...
Veterans Admin. Hospital	Albany, N. Y.		...	..	..	..	..	...
Kings County Hospital Division I [1-3]	Brooklyn, N. Y.	G. O'Brien	757	7	1	2	2	104
Roswell Park Memorial Hospital [1-3-10]	Buffalo	F. S. Hoffmeister	440	18	..	1	..	300
Beth Israel Hospital [1-3]	New York City	A. J. Barsky	299	..	1	2	2	140
Columbia Presbyterian Medical Center			...	..	..	..	3	...
Francis Delafield Hospital [1-3]	New York City	G. H. Humphreys, II	114	..	..	1	..	105
Presbyterian Hospital [1]	New York City	T. W. Stevenson	Incl. in Surgery		2	4	..	308
New York Hospital [1-3]	New York City	H. Conway	490		1	2	3	200
Veteran's Admin. Hospital [1-3-200]	New York City (Bronx)	H. Conway	248	..	1	3	2	...
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	R. McCormack	375	..	1	2	2	117
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	L. E. Sutton	280	..	..	2	2	233
Duke University Affiliated Hospitals		K. L. Pickrell	...	..	..	..	3	...
Duke Hospital [1-3]	Durham, N. C.		1,078	7	2	6	..	127
Veterans Admin. Hospital [1-3]	Durham, N. C.		338	3	..	..	..	...
Ohio State University Hospitals University Hospital [1-3]	Columbus, Ohio	B. C. Martin	317	..	..	3	2	202
University of Oklahoma Hospitals [1-3]	Oklahoma City	J. F. Burton	266	8	1	2	2	...
Allentown Hospital [1-3]	Allentown, Pa.	K. M. Mareks	706	..	1	1	2	225
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. C. Iverson-A. Von Deilen	187	2	1	1	2	100
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh	S. M. Dupertius	1,703	8	3	6	2	175
Presbyterian-Women's Hospital	Pittsburgh		...	..	..	..	..	...
Veterans Admin. Hospital [1-3]	Pittsburgh		738	7	..	..	..	...
Baylor University Hospital [1-3]	Dallas, Texas	J. T. Mills	733	..	2	2	2	195
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	T. G. Blocker, Jr.	869	54	2	3	3	160
Baylor University Medical College of Medicine Affiliated Hospitals			...	..	..	..	2	...
Jefferson Davis Hospital [1-3-351]	Houston, Texas	S. B. Hardy	211	6	2	3	..	125
Methodist Hospital [1-3]	Houston, Texas	S. B. Hardy	265	..	..	..	..	100
Texas Children's Hospital [1-3]	Houston, Texas	T. D. Cronin	82	..	..	..	..	...
Veterans Admin. Hospital [1-3]	Houston, Texas	S. B. Hardy	186	1	..	2	..	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	T. R. Broadbent	478	..	..	1	2	275
University Hospitals [1-3]	Madison, Wis.	W. Slaughter	136	1	1	2	2	100

Numerical and other references will be found on pages 556 through 559.

21. PREVENTIVE MEDICINE

AVIATION MEDICINE

The following programs in Aviation Medicine have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director		Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE					
Wright-Patterson Air Force Base	Dayton, Ohio	W. F. Hall	For information regarding program, write to: Chief, Medical Division Office Surgeon General, U.S.A.F., Washington 25, D. C.	1	...
School of Aviation Medicine	Randolph Field, Texas	O. O. Benson, Jr.	For information regarding program, write to: Chief, Medical Division Office Surgeon General, U.S.A.F., Washington 25, D. C.	...	...
UNITED STATES NAVY					
School of Aviation Medicine	Pensacola, Fla.	J. C. Early-A. Grayblel	For information regarding program, write to: Director, Graduate Medical Training Bureau of Medicine and Surgery, U.S. Navy, Washington 25, D. C.	2	...
NONFEDERAL					
Ohio State University Medical Center	Columbus, Ohio	W. F. Ashe		3	302

OCCUPATIONAL MEDICINE

The following educational institutions have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The inplant training is being arranged. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

	Location	Physician-in-charge
University of Rochester School of Medicine and Dentistry	Rochester, N. Y.	J. H. Sterner
University of Cincinnati Institute of Industrial Health, College of Medicine	Cincinnati	R. A. Kehoe
Ohio State University Medical Center, Department of Preventive Medicine	Columbus, Ohio	W. F. Ashe
University of Pittsburgh, Graduate School of Public Health	Pittsburgh	A. G. Kammer

PUBLIC HEALTH

Residency programs in Public Health in the following states have been approved for TWO years of training by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Stipend (Month)
State of California	Berkeley	M. H. Merrill	San Diego County (a)	876,000*	$481
State of Delaware	Dover	F. I. Hudson	Kent and New Castle Counties (b)	190,000*	$400-500
State of Florida	Jacksonville	W. T. Sowder	Alachua County	65,900*	$500 (c)
			Dade-Miami	757,700*	.....
			Hillsborough-Tampa	332,600*	.....
			Pinellas-St. Petersburg	235,700*	.....
State of Illinois	Springfield	R. R. Cross	Cook County (d) (e)	743,988	$416-500
			Peoria (City) and Peoria County (e) (g)	174,347	.....
			Will County (e)	134,360	.....
State of Kansas	Topeka	T. R. Hood	Kansas City-Wyandotte	189,000	(f) (c)
			Topeka-Shawnee	115,000	.....
			Wichita-Sedgwick	297,388	.....
State of Maryland	Baltimore	E. Davens	Anne Arundel County	171,700*	$541
			Baltimore City	974,000*	.....
			Baltimore County	370,400*	.....
			Montgomery County	256,500*	.....
			Washington County	85,700*	.....
State of Michigan	Lansing	A. E. Heustis	Calhoun County	123,230	$400
			Detroit	1,966,270	.....
			Michigan Dept. of Health (m)	...	.....
State of Minnesota	Minneapolis	R. N. Barr, Secy and Ex. Off.	Minneapolis City	542,000*	$400
			Olmstead-Rochester	48,395	.....
New York City	New York City	R. P. Kandle, Dep. Com.	(n)	8,010,000	$443
State of New York	Albany	H. E. Hilleboe	(l)	941,000	$475
State of North Carolina	Raleigh	J. W. R Norton	Charlotte-Mecklenburg County	225,330	$417
			Forsyth-Winston-Salem	158,427	.....
			Halifax	59,539	.....
			Orange-Pearson-Chatham-Lee	117,797	.....
			Pitt	65,377	.....
State of Oregon	Portland	H. M. Erickson	Multnomah County	119,720*	$600 (i)
State of Texas	Austin	F. C. Kluth	(g)	596,163*	$600 (p)
State of Virginia	Richmond	M. I. Shanholtz	Arlington County	163,000*	$700
State of Washington	Seattle	B. Bucove	Bremerton-Kitsap	...	$500
			Clark-Skamania	91,100*	.....
			King-Seattle	818,700*	.....
			Spokane City	...	.....
			Tacoma-Pierce	...	.....

* Estimated.
(a) Two other local departments not yet selected.
(b) Excludes the city of Wilmington.
(c) To those planning to work in state; transportation costs only to others.
(d) Excludes Berwyn, Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Glencoe, Kenilworth, Northbrook, and remainder of New Trier Township), all with full-time health officers.
(e) Assistance can be arranged for securing the MPH degree in the midst of, or after completion of, residency experience. Appointments normally are limited to those training for service in Illinois. Exceptions may be made in special cases.

Numerical and other references will be found on pages 556 through 559.

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(f) Arrangements for remuneration made on an individual basis.
(g) 42 city-county or county health departments and 5 city health departments in which training may be given depending upon local conditions and the needs and desires of the resident.
(h) Training is given in a combination of one county, one union health, and seven municipal health departments and in the divisions of the State Department of Health.
(i) Assistance can be arranged for securing the MPH degree after successful completion of residency experience. Appointments will be limited to those training for service in Oregon.
(j) Excludes Detroit and Dearborn, each with full-time health officers.
(k) To those training for service in Minnesota only.
(l) Training is given in any one of 10 city health departments, 16 county health departments, or 15 district offices within the state.
(m) Training to be with Michigan Department of Health, with field experience in local health departments.
(n) Includes training at Montefiore Hospital.
(o) Training is given under one director in both the City and County Health Departments.
(p) Stipend offered only to those residents who plan to remain in public health work in the state at least six years.
(r) Arrangements for remuneration made upon determination of field of interest and location desired.

22. PROCTOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Proctology, through the Residency Review Committee for Proctology, as offering acceptable training in the specialty.

Hospitals, 13; Assistant Residencies and Residencies, 33

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[5]	Total Residencies Offered[5]	Length of Approved Program (Years)	Beginning Stipend (Month)
NONFEDERAL								
White Memorial Hospital [1-3]	Los Angeles	H. M. Young	289	1	1	[2]	2	150
Ochsner Foundation Hospital [1]	New Orleans	M. O. Hines	295	2	1	[2]	[2]	275
Ferguson, Droste, Ferguson Hospital [1]	Grand Rapids, Mich.	J. A. Ferguson	2,115	22	2	4	[2]	253
University of Minnesota Hospitals [1-3]	Minneapolis	W. A. Fansler	Incl. in	Surgery	1	3	2	185
Mayo Foundation [1-3]	Rochester, Minn.	R. J. Jackman	854	..	2	8	2	150
Buffalo General Hospital [1-3]	Buffalo	L. S. Knapp	630	3	1	[2]	2	175
Millard Fillmore Hospital [1-3]	Buffalo	W. H. Bernhoft	279	1	1	1	2	285
Youngstown Hospital [1-3]	Youngstown, Ohio	P. J. Fuzy, Jr.	739	6	1	[2]	2	175
Allentown Hospital [1-3]	Allentown, Pa.	M. S. Kleckner	773	3	1	1	2	225
Temple University Hospital [1-3]	Philadelphia	H. E. Bacon	679	4	2	4	2	..
Health Center Hospitals of The University of Pittsburgh School of Medicine								
Presbyterian Hospital	Pittsburgh	K. Zimmerman	901	1	1	[2]	2	175
Baylor University Hospital [1-3]	Dallas, Texas	C. Rosser	869	1	1	[2]	2	195
Milwaukee County Hospital [1-3]	Milwaukee	L. J. Schwade	303	4	1	[2]	2	207

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level **see summary of requirements American Board of Psychiatry and Neurology, Inc., page 594.)**

Hospitals, 170; Assistant Residencies and Residencies, 2,602

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[5]	Total Residencies Offered[5]	Program Identification	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	O. Weaver	694	..	6	18	12	...
Fitzsimons Army Hospital [1]	Denver	P. B. Smith	477	..	6	18	..	...
Army Medical Center [1-3]	Washington, D. C.	R. E. Clausen, Jr.	1,037	3	8	24	..	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. E. Nardini	237	..	4	12	..	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-135]	Lexington, Ky.	J. A. Grider	3,316	10	4	12	30	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
Freedmen's Hospital [1-3]	Washington, D. C.	E. Y. Williams	235	..	2	2	..	218
St. Elizabeths Hospital [1-3]	Washington, D. C.	W. Overholser	8,223	315	9	24	20	308
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center								
Children's Hospital [1-3]	Birmingham, Ala.	E. L. Caveny	.....	..	..	..	..	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	E. L. Caveny	550	..	2	5	..	250
Veterans Admin. Hospital [1]	Birmingham, Ala.	J. R. Jarvis	322	1	..	..	..	...
University of Arkansas Affiliated Hospitals								
Veterans Admin. Hospital [1]	No. Little Rock, Ark.	E. S. Chappell	3,089	30	4	12	49	...
Camarillo State Hospital [1]	Camarillo, Calif.	F. H. Garrett	9,592	154	4	12	..	395
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	M. Feld	605	..	1	3	..	...
Los Angeles County Hospital [1]	Los Angeles	E. Stainbrook	10,371	36	6	10	..	246
University of California Hospital [1-3]	Los Angeles	N. Q. Brill	492	1	8	20	..	198
Veterans Admin. Hospital [1-3-65]	Los Angeles	J. T. Ferguson	3,641	141	18	54	11	...
Metropolitan State Hospital [1-3-67]	Norwalk, Calif.	R. E. Wyers	3,770	49	6	18	15	584
Veterans Admin. Hospital [1-3-71]	Palo Alto, Calif.	H. D. Von Witzleben	2,234	21	10	28	14	...
Langley-Porter Clinic [1-70]	San Francisco	A. Simon	322	600	9	44	13	200
Stanford University Hospitals [1-3]	San Francisco	G. S. Johnson	356	..	2	6	..	80
Veterans Admin. Hospital [1-3]	Sepulveda, Calif.	N. C. Mace	1,039	21	6	10	..	...
University of Colorado Medical Center								
Colorado Psychopathic Hospital [1-3]	Denver	H. S. Gaskill	734	2	12	40	16	216
Veterans Admin. Hospital [1-3-87]	Denver	L. L. Woodfin	631	..	4	8	..	...
Connecticut State Hospital [1-3]	Middletown, Conn.	H. S. Whiting	4,450	100	8	20	..	440
Institute of Living	Hartford, Conn.	F. J. Braceland	975	1	8	16	..	333
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	T. Lidz	39	..	..	14	17	75
Fairfield State Hospital [1-3]	Newtown, Conn.	J. E. Oltman	2,815	170	9	[2]	..	440
Norwich State Hospital [1-3]	Norwich, Conn.	R. H. Kettle	4,681	57	8	[2]	..	440
Veterans Admin. Hospital [1-3-102]	West Haven, Conn.	E. B. Brody	528	2	12	[2]	18	...
Delaware State Hospital [1-3]	Farnhurst, Del.	M. A. Tarumianz	1,386	57	4	14	19	200

Numerical and other references will be found on pages 556 through 559.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[1]	Total Residencies Offered[1]	Program Identification	Beginning Stipend (Month)
Georgetown University Hospital [1-3]	Washington, D. C.	G. N. Raines	....	..	8	28	..	175
Jackson Memorial Hospital [1-3]	Miami, Fla.	J. M. Caldwell	1,011	5	5	15	..	166
University Hospital [1]	Augusta, Ga.	H. Cleckley	692	1	3	5	..	200
Veterans Admin. Hospital [1-3-115]	Augusta, Ga.	M. Dunn	2,156	30	1	1	21	....
Chicago State Hospital [1-3]	Chicago	K. Gyarfas	7,080	85	25	50	23	300
Cook County Hospital [1-3]	Chicago	R. C. Hamill	7,844	10	3	5	..	250
Michael Reese Hospital	Chicago	R. R. Grinker, Sr.	760	..	5	15	..	100
Mount Sinai Hospital [1-3]	Chicago	I. Finkelman	441	2	1	2	..	125
Northwestern University Medical Center [1-3-106]	Chicago	B. Boshes	4,587	89	20	38	..	296
Chicago Wesley Memorial Hospital [1-3]	Chicago	B. Boshes	586	..	1	1	..	125
Veterans Admin. Hospital [1-120]	Downey, Ill.	A. Paunez	3,557	86	20	38	26	....
Presbyterian Hospital	Chicago	L. W. Avery	675	..	..	1	3	125
St. Luke's Hospital [1-3]	Chicago	F. J. Gerty	363	5	1	3	22	125
Stritch School of Medicine Affiliated Hospitals								
Loretto Hospital [1-3]	Chicago	J. J. Madden	575	3	..	..	..	200
Mercy Hospital [1-3-119]	Chicago	J. J. Madden	310	1	3	9	..	200
University of Chicago Clinics [1-3]	Chicago	C. K. Aldrich	141	1	3	10	..	200
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	F. J. Gerty	194	..	4	11	27	125
Veterans Admin. West Side Hospital [1-3]	Chicago	L. Halperin	398	3	3	6	..	....
Veterans Admin. Hospital [1]	Hines, Ill.	L. Jensen	668	4	4	14	25	....
Indiana University Affiliated Hospitals								
Indianapolis General Hospital [1-124]	Indianapolis	D. Schuster	559	5	1	3	28	205
Indiana University Medical Center Hospital [1-395]	Indianapolis	J. I. Nurnberger	....	..	12	39	28	365
Veterans Admin. Hospital [1-3]	Indianapolis	E. J. Fogel	639	..	..	..	..	....
Iowa State Psychopathic Hospital [1-3]	Iowa City	P. E. Huston	336	1	4	12	..	200
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Roth, Jr.	117	..	3	8	..	....
Veterans Admin. Hospital [1-3]	Kansas City, Mo.	W. E. Olson	176	..	..	..	..	....
C. F. Menninger Memorial Hospital [1-3]	Topeka, Kan.	K. A. Menninger	249	..	..	7	29	300
Topeka State Hospital [1-3-131]	Tokepa, Kan.	P. E. Feldman	1,817	52	22	60	29	300
Veterans Admin. Hospital [1-3-132]	Topeka, Kan.	F. F. Merker	1,057	16	22	58	29	237
University of Louisville Hospitals								
Central State Hospital [1-3]	Lakeland, Ky.	W. Fox	3,118	7	3	3	..	200
Veterans Admin. Hospital [1-3]	Lexington, Ky.	See listing of this hospital in Following Section.						
Louisville General Hospital [1-3]	Louisville, Ky.	W. K. Keller	977	3	1	3	..	200
Norton Memorial Infirmary [1-3]	Louisville, Ky.	S. S. Ackerly	273	1	..	4	..	250
Veterans Admin. Hospital [1-3]	Louisville, Ky.	A. Guiglia	343	..	1	3	32	....
Charity Hospital of Louisiana								
Louisiana State University Unit [1]	New Orleans	C. Watkins	915	5	4	12	35	100
Tulane University Unit [1]	New Orleans	R. G. Heath	753	3	4	12	34	100
Johns Hopkins Hospital [1-3]	Baltimore	J. C. Whitehorn	223	..	4	18	36	150
University Hospital [1-3]	Baltimore	J. E. Finesinger	488	2	5	15	..	75
Spring Grove State Hospital [1-3]	Catonsville, Md.	I. Tuerk	4,808	92	11	20	..	317
Veterans Admin. Hospital [1-3-158]	Perry Point, Md.	W. M. Harris	2,343	46	3	10	37	....
Sheppard and Enoch Pratt Hospital [1-3]	Towson, Md.	H. M. Murdock	527	2	5	12	..	367
Boston State Hospital [1-3]	Boston	J. Mann	4,497	113	16	30	..	250
Massachusetts Memorial Hospitals [1-3-175]	Boston	W. Malamud	....	1,736	..	13	38	250
Massachusetts Mental Health Center [1]	Boston	H. C. Solomon	850	1	16	35	..	250
Veterans Admin. Hospitals of the Boston Area								
Veterans Admin. Hospital [1-3-183]	Bedford, Mass.	A. H. Braverman	2,181	22	7	9	39	....
Veterans Admin. Hospital [1-3-184]	Boston (Jamaica Plain)	S. Tartakoff	853	2	10	50	..	....
Veterans Admin. Hospital [1-3]	Brockton, Mass.	A. S. Mason	1,430	20	6	6	..	....
Worcester State Hospital [1-3]	Worcester, Mass.	S. Kligerman	3,567	80	7	21	..	255
University Hospital [1-3-189]	Ann Arbor, Mich.	R. W. Waggoner	687	..	12	41	..	321
Henry Ford Hospital [1-3]	Detroit	L. D. Proctor	388	2	1	5	41	333
Lafayette Clinic [1-3]	Detroit	J. S. Gottlieb	195	..	12	38	..	541
Receiving Hospital [1-3]	Detroit	J. M. Dorsey	6,003	35	1	5	44	289
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	J. A. Belisle	4,785	24	4	11	10	326
Northville State Hospital [1-3]	Northville, Mich.	G. R. Forrer	2,113	43	6	18	..	541
Pontiac State Hospital [1-3]	Pontiac, Mich.	I. A. La Core	3,761	81	8	20	10	541
Ypsilanti State Hospital [1-3-197]	Ypsilanti, Mich.	O. R. Yoder	5,027	102	6	18	..	541
University of Minnesota Hospitals [1-3-211]	Minneapolis	D. W. Hastings-R. A. Jensen	698	1	4	11	..	185
Veterans Admin. Hospital [1-3]	Minneapolis	W. Simon	572	1	2	2	46	....
Mayo Foundation [1-3]	Rochester, Minn.	H. P. Rome	1,507	..	3	12	47	175
Veterans Admin. Hospital								
Gulfport Division [1-3]	Biloxi, Miss.	E. R. Bennett	1,004	15	2	2	34	....
Kansas City General Hospital No. 1	Kansas City, Mo.	J. J. O'Heanne	473	2	2	6	..	200
Barnes Hospital [1-3]	St. Louis	E. F. Gildea	844	1	10	18	10	50
St. Louis City Hospital [1-3]	St. Louis	G. Ulett	951	11	4	9	..	92
St. Louis State Hospital [1-3]	St. Louis	L. H. Kohler	3,283	57	7	24	..	350
Veterans Admin. Hospital [1-3]	St. Louis	M. A. Cravant	172	..	3	9	48	....
Nebraska Psychiatric Institute [1-3-225]	Omaha	C. Wittson	301	..	6	25	51	300
Veterans Admin. Hospital [1-3]	Omaha	F. A. Majka	410	2	2	6	53	....
New Jersey State Hospital at Ancora [1-3]	Hammonton, N. J.	M. Mendelson	2,970	59	4	14	..	542
Veterans Admin. Hospital	Lyons, N. J.	M. P. Rosenbluth	2,530	41	4	8	54	....
New Jersey State Hospital [1-3]	Trenton, N. J.	H. S. Magee	5,015	95	6	16	10	515
Albany Hospital [1-3]	Albany, N. Y.	W. L. Holt	1,417	10	4	13	..	250
Veterans Admin. Hospital [1-3]	Albany, N. Y.	T. H. Gillmore	541	6	2	3	..	....
Brooklyn State Hospital [1-3]	Brooklyn, N. Y.	N. Beckenstein	5,539	53	6	17	..	450
Kings County Hospital								
Division II [1-3]	Brooklyn, N. Y.	H. W. Potter	9,606	54	10	30	..	157
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	J. Barasch	280	1	1	2	57	....
Buffalo State Hospital [1-3]	Buffalo	D. Whitehead	5,079	66	3	9	..	450
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. M. Small	2,740	25	3	9	..	292
Central Islip State Hospital [1-3-252]	Central Islip, N. Y.	F. J. O'Neill	11,562	311	13	22	..	425
Veterans Admin. Hospital [1-3-255]	Montrose, N. Y.	G. Rosenberg	2,193	36	4	10	61	237
Bellevue Hospital Center								
Div. III—New York University College of Medicine [262]	New York City	A. Zitrin	19,169	121	15	51	58	105
Bronx Municipal Hospital Center [1-3]	New York City	M. Rosenbaum	331	..	12	49	..	157
Columbia-Presbyterian Medical Center		L. C. Kolb	....	..	..	..	..	....
New York State Psychiatric Institute [1-3]	New York City		345	3	4	5	..	225
Presbyterian Hospital [1-3]	New York City		....	..	4	4	..	250
Manhattan State Hospital [1-3-273]	New York City	J. H. Travis	4,238	90	13	13	59	450
New York Hospital [1-3]	New York City	O. Diethelm	272	1	4	14	..	141
St. Luke's Hospital	New York City	J. M. Cotton	266	..	1	3	..	100
St. Vincent's Hospital [1-3]	New York City	H. J. Tompkins	194	..	3	10	..	125
Veterans Admin. Hospital [1-3-275]	New York City (Bronx)	H. L. Flowers	1,321	2	8	24	60	....
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	R. E. Peck	543	2	12	24	..	....
Rockland State Hospital [1-3-281]	Orangeburg, N. Y.	A. M. Stanley	9,966	107	6	15	10	414
Hudson River State Hospital [1-3-287]	Poughkeepsie, N. Y.	O. A. Kilpatrick	5,091	51	4	7	62	414
Creedmoor State Hospital [1-3-282]	Queens Village, N. Y.	H. A. La Burt	8,438	195	9	35	..	487
Rochester State Hospital [1-3-285]	Rochester, N. Y.	C. F. Terrence	5,497	65	3	7	64	450

Numerical and other references will be found on pages 558 through 559.

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23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[2]	Total Residencies Offered[2]	Program Identification	Beginning Stipend (Month)
Strong Memorial-Rochester								
Municipal Hospitals [1-3-284]	Rochester, N. Y.	J. Romano	1,361	..	8	26	63	117
Ellis Hospital [1-3]	Schenectady, N. Y.	J. L. Best	1,514	1	2	5	..	150
State University of New York Upstate								
Medical Center Hospitals [1-3]	Syracuse, N. Y.	M. Hollender	802	1	5	15	..	233
Veterans Admin. Hospital [1-3]	Syracuse, N. Y.	W. A. Mann	357	..	1	6	..	....
Syracuse Psychopathic Hospital [1-3]	Syracuse, N. Y.	M. H. Hollender	536	1	2	6	66	487
Grasslands Hospital [1-3]	Valhalla, N. Y.	F. V. Rockwell	1,272	6	2	7	..	225
Pilgrim State Hospital [1-3]	West Brentwood, L. I., N. Y.	H. J. Worthing	14,438	129	2	23	..	450
New York Hospital-Westchester Division [1-3-294]	White Plains, N. Y.	J. H. Wall	744	5	6	12	..	150
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	G. C. Ham	658	1	12	40	..	260
Duke University Affiliated Hospitals								
Duke Hospital [1-3]	Durham, N. C.	E.-W. Busse	428	..	6	20	..	200
Veterans Admin. Hospital [1-3]	Durham, N. C.	J. B. Parker	383	..	1	5	..	....
Graylyn-North Carolina Baptist Hospital [1-3-107]	Winston-Salem, N. C.	A. C. Randolph	84	..	2	9	..	166
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-3]	Cincinnati	M. Levine	1,122	2	12	42	69	166
Cleveland Receiving Hospital and State								
Institute of Psychiatry [1-3]	Cleveland	E. N. Hinko	1,377	10	6	18	..	333
Western Reserve University Medical School Affiliated Hospitals								
University Hospitals [1-3]	Cleveland	D. D. Bond	211	..	3	9	71	125
Veterans Admin. Hospital [1-3]	Cleveland	J. Ross	279	..	4	4	71	....
Ohio State University Hospitals								
Columbus Receiving Hospital [1-3-810]	Columbus, Ohio	R. M. Patterson	640	3	6	24	10	333
Harding Sanitarium [1]	Worthington, Ohio	H. S. Evans	594	..	3	5	..	....
Central State-Griffin Memorial Hospital [1-3]	Norman, Okla.	H. G. Hightower	4,417	65	4	10	..	500
University of Oklahoma Medical Center								
University Hospital [1-3-319]	Oklahoma City	L. J. West	66	..	3	9	..	....
Veterans Admin. Hospital [1-3-324]	Oklahoma City	J. T. Shurley	369	2	1	6	..	....
Danville State Hospital [3-331]	Danville, Pa.	R. L. Gatski	3,325	41	7	26	..	433
Norristown State Hospital [1]	Norristown, Pa.	A. P. Noyes	5,450	143	8	28	..	588
Eastern Pennsylvania Psychiatric Institute [1-3]	Philadelphia	J. E. Davis	326	..	3	2	10	300
Pennsylvania Hospital—The Institute and the Department								
for Mental and Nervous Diseases [1-3]	Philadelphia	L. H. Smith	843	9	6	17	..	200
Philadelphia General Hospital [3]	Philadelphia	J. Stauffer	1,941	14	4	12	..	405
Philadelphia Psychiatric Hospital [1-3]	Philadelphia	S. Cohen	1,321	..	5	15	..	167
Temple University Hospital [1-3-335]	Philadelphia	O. S. English	148	..	6	18	74	....
Western Psychiatric Institute and Clinic [1-3]	Pittsburgh	H. W. Brosin	450	2	15	48	75	267
Warren State Hospital [1-3]	Warren, Pa.	R. H. Israel	4,191	127	14	32	..	433
Medical College of South Carolina Teaching								
Hospitals [1]	Charleston, S. C.	J. J. Cleckley	437	..	1	3	..	137
Gailor Psychiatric Hospital [1-3]	Memphis, Tenn.	T. S. Hill	354	..	4	12	..	250
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	W. F. Orr	101	..	2	6	76	50
Parkland Memorial Hospital [1-3]	Dallas, Texas	R. L. Stubblefield	125	..	3	6	10	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	T. Harris	2,558	12	10	30	77	160
Baylor University College of Medicine Affiliated Hospitals								
Jefferson Davis Hospital [1-3]	Houston, Texas	W. T. Lhamon	236	..	2	5	..	75
Methodist Hospital [1-3]	Houston, Texas	M. C. Bettis	456	..	3	3	..	100
Veterans Admin. Hospital [1-3-360]	Houston, Texas	A. D. Pokorny	1,433	3	6	17	78	....
University of Utah Affiliated Hospitals								
Salt Lake County General Hospital [1]	Salt Lake City	C. H. H. Branch	309	..	5	16	..	200
Veterans Admin. Hospital [1-3-366]	Salt Lake City	M. P. Graeber	652	12	2	6	..	....
University of Virginia Medical Center Hospitals								
University of Virginia Hospital [1-3]	Charlottesville, Va.	R. W. Garnett	754	..	4	9	80	50
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	R. F. Gayle, Jr.	717	2	1	3	..	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	A. Davis	729	2	1	4	82	....
University of Washington Affiliated Hospitals								
King County Hospital No. 1 (Harbor View) [1]	Seattle	H. S. Ripley	1,788	6	..	1	..	145
Veterans Admin. Hospital [1-3]	Seattle	M. H. Johnson	338	..	4	12	83	....
University Hospitals [1-3]	Madison, Wis.	R. Roessler	1,208	10	10	30	..	100
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	B. S. Wells	1,805	18	2	4	..	....
Hospital Hato Tejas [1-3]	Bayamon, P. R.	R. Fernandez-Marina	385	..	3	9	..	200

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level—see summary of requirements American Board of Psychiatry and Neurology, Inc., page 594.)

Hospitals, 54; Assistant Residencies and Residencies, 410

UNITED STATES NAVY

U. S. Naval Hospital [1-3]	Oakland, Calif.	M. E. Roudebush	1,079	2	4	8	..	....
U. S. Naval Hospital [1]	Philadelphia	J. F. McMullin	1,108	3	4	8	..	....

NONFEDERAL AND VETERANS ADMINISTRATION

Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	W. E. Lewis	2,239	11	2	2	..	....
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	A. E. Bennett	505	1	1	3	..	300
Mount Zion Hospital [1-3]	San Francisco	N. Reider	113	..	..	7	..	200
District of Columbia General Hospital [1-3]	Washington, D. C.	J. Schultz	4,206	6	3	3	..	258
George Washington University Hospital [1-3]	Washington, D. C.	W. Overholser	969	1	..	1	..	150
Duval Medical Center [1-3]	Jacksonville, Fla.	S. G. Bedell	696	3	2	5	..	175
Eugene Talmadge Memorial Hospital [1]	Augusta, Ga.	E. J. McCraine	64	..	2	4	..	250
Veterans Admin. Hospital [1-3]	Lexington, Ky.	E. W. Straus	1,893	22	1	1	31	....
Veterans Admin. Hospital [1-3]	New Orleans	R. G. Heath	277	..	2	4	34	....
Seton Institute [1-3]	Baltimore	L. H. Bartemeier	615	..	3	12	..	250
Springfield State Hospital [1-3]	Sykesville, Md.	L. L. Hitchman	4,683	118	4	11	..	318
Beth Israel Hospital [1-3]	Boston	G. L. Bibring	.....	..	..	8	..	330
Massachusetts General Hospital [1-3-181]	Boston	E. Lindemann	375	..	2	3	40	67
Metropolitan State Hospital [1]	Waltham, Mass.	M. Asekoff	2,331	65	2	4	..	233
McLean Hospital [1-3]	Waverley, Mass.	A. H. Stanton	477	6	4	14	40	....
Minneapolis General Hospital [1-3]	Minneapolis	R. W. Anderson	821	3	1	2	..	209
University Hospital	Jackson, Miss.	F. J. Moore	.....	..	..	..	..	....
Homer G. Phillips Hospital [1-3]	St. Louis	E. F. Gildea	631	6	2	6	..	200
Hastings State Hospital [1-3]	Ingleside, Neb.	J. A. Wolford	2,313	20	4	6	52	400
Creighton Memorial-St. Joseph's Hospital	Omaha	C. H. Farrell	834	4	2	6	..	210
Essex County Overbrook Hospital [1-3]	Cedar Grove, N. J.	J. G. Sutton	4,332	92	6	18	..	420
New Jersey State Hospital [1-3]	Greystone Park, N. J.	A. Crandell	9,390	153	4	12	..	515
New Jersey State Hospital [1-3]	Marlboro, N. J.	J. B. Gordon	4,490	116	2	4	..	515
New Jersey Neuro-Psychiatric Institute [1-3]	Skillman, N. J.	R. S. Garber	1,628	20	..	..	..	542
Veterans Admin. Hospital [1-3]	Buffalo	B. G. Schutkeker	179	1	1	2	56	....

Numerical and other references will be found on pages 556 through 559.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered[3]	Total Residencies Offered[3]	Program Indentification	Beginning Salary (Month)
Veterans Admin. Hospital [1-3-251]	Canandaigua, N. Y.	D. Davis	2,064	30	3	6	65	...
Hillside Hospital [1-3]	Glen Oaks, N. Y.	J. S. A. Miller	560	..	9	19	10	200
St. Vincent's Hospital [1-3]	Harrison, N. Y.	R. D. Isernia	495	..	2	4	..	275
Gowanda State Homeopathic Hospital [1-3]	Helmuth, N. Y.	I. M. Rossman	3,763	67	6	6	..	450
Kings Park State Hospital [1-3]	Kings Park, N. Y.	C. Buckman	8,804	113	4	12	..	487
Marcy State Hospital [1-3]	Marcy, N. Y.	N. Bigelow	3,849	33	5	5	..	414
Middletown State Homeopathic Hospital [1-3]	Middletown, N. Y.	H. Pleasure	4,341	97	4	8	..	450
Mount Sinai Hospital [1-3]	New York City	M. R. Kaufman	119	..	..	10	..	75
High Point Hospital [1-3]	Port Chester, N. Y.	A. Gralnick	160	..	..	4	..	375
Utica State Hospital [1-3-293]	Utica, N. Y.	B. B. Young	3,475	61	4	5	..	487
Willard State Hospital [1-3]	Willard, N. Y.	K. Keill	3,643	74	4	8	..	450
Harlem Valley State Hospital [1-3]	Wingdale, N. Y.	L. P. O'Donnell	6,706	64	7	7	55	450
State Hospital [1-3]	Raleigh, N. C.	W. A. Sikes	3,629	46	4	8	..	336
Cleveland Clinic Hospital [1-3]	Cleveland	G. H. Williams	670	..	1	3	70	175
Columbus State Hospital [1-3-311]	Columbus, Ohio	B. Kovitz	3,501	122	8	24	10	550
Oregon State Hospital [1]	Salem, Ore.	H. L. Nelson	5,169	159	2	8	..	575
Allentown State Hospital	Allentown, Pa.	.....	...	..	..	..	..	....
Veterans Admin. Hospital [1-3-330]	Coatesville, Pa.	M. J. Gardner	2,089	49	7	12	73	....
Embreeville State Hospital [1]	Embreeville, Pa.	A. O. Hecker	1,321	35	6	9	..	550
Harrisburg State Hospital [1-3]	Harrisburg, Pa.	H. C. Eaton	2,750	37	6	12	..	532
Friend's Hospital [1-3]	Philadelphia	T. L. Dehne	554	7	4	6	..	400
Hospital of the University of Pennsylvania [1-3]	Philadelphia	K. Appel	18	..	6	12	..	700
Philadelphia State Hospital [1-3]	Philadelphia	E. L. Selke	7,421	45	12	36	..	587
State Hospital for Mental Diseases [1]	Howard, R. I.	J. F. Regan	4,868	136	8	14	..	396
Eastern State Hospital [1-3]	Williamsburg, Va.	J. E. Barrett	3,226	81	8	15	81	640
Milwaukee Sanitarium [1-3]	Wauwautosa, Wis.	C. W. Osgood	568	10	3	3	..	400
Territorial Hospital [1-3-387]	Kaneohe, T. H.	R. A. Kimmich	1,776	20	2	4	..	633

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level—see summary of requirements American Board of Psychiatry and Neurology, Inc., page 594.)

Hospitals, 57; Assistant Residencies and Residencies, 208

UNITED STATES PUBLIC HEALTH SERVICE

National Institutes of Health-Clinical Center [1-3]	Bethesda, Md.	R. Cohen	95	..	10	10	..	....
U. S. Public Health Service Hospital [1-3]	Stapleton, L. I., N. Y.	E. W. Green	544	1	..	2	..	....

NONFEDERAL AND VETERANS ADMINISTRATION

Agnews State Hospital [1-3]	Agnew, Calif.	R. P. Quirmbach	7,719	113	4	4	..	395
Comptom Sanitarium [1-3]	Compton, Calif.	G. C. Burns	634	1	4	4	..	350
Napa State Hospital [1-57]	Imola, Calif.	W. A. Oliver	8,637	181	2	2	..	395
Patton State Hospital [1]	Patton, Calif.	R. J. Lentz	4,364	142	2	2	..	395
Pacific State Hospital [1-3]	Pomona, Calif.	G. Tarjan	2,991	90	..	3	..	395
Kaiser Foundation Hospital [1-3-10]	San Francisco	B. I. Kahn	....	..	..	2	..	265
Silver Hill Foundation	New Canaan, Conn.	W. B. Terhune	300	..	1	2	..	....
Grady Memorial Hospital [1-3]	Atlanta, Ga.	J. S. Skobba	317	..	1	1	..	250
Elgin State Hospital [1-3]	Elgin, Ill.	W. Tuteur	6,700	269	..	6	23	....
Galesburg State Research Hospital	Galesburg, Ill.	T. T. Tourlentes	1,289	99	5	9	..	400
North Shore Health Resort [1-3]	Winnetka, Ill.	S. Liebman	436	3	..	3	..	....
Central State Hospital [1]	Indianapolis	C. L. Williams	2,737	67	4	4	..	375
Logansport State Hospital [1-3]	Logansport, Ind.	J. W. Southworth	3,547	27	4	4	..	675
Dr. Norman M. Beatty Memorial Hospital [1]	Westville, Ind.	C. L. Williams	3,202	34	4	4	..	365
Mental Health Institute [1-3]	Cherokee, Iowa	W. C. Brinegar	1,908	65	2	2	..	425
Crownsville State Hospital [1-3]	Crownsville, Md.	B. C. Campden-Main	3,544	37	5	5	..	461
Chestnut Lodge [1-3]	Rockville, Md.	D. M. Bullard	150	..	..	4	..	....
New England Center Hospital [1-3]	Boston	J. Hope	1,767	..	1	2	..	100
Peter Bent Brigham Hospital [1-3]	Boston	H. M. Fox	Incl. in Int. Med.	..	..	2	..	333
St. Elizabeth's Hospital [1-3]	Boston	N Flanagan	567	..	1	1	..	125
Foxborough State Hospital [1-3]	Foxborough, Mass.	J. T. Shea	1,808	77	3	8	..	....
Medfield State Hospital [1-3]	Medfield, Mass.	D. P. Kenefick	1,910	30	4	7	..	525
Austen Riggs Center [1-35]	Stockbridge, Mass.	R. P. Knight	95	..	..	7	..	500
Taunton State Hospital [1-3]	Taunton, Mass.	W. E. Glass	2,898	72	6	9	..	528
Westboro State Hospital [1-3]	Westboro, Mass.	J. W. Dykens	2,606	35	2	4	..	255
Traverse City State Hospital [1]	Traverse City, Mich.	M. D. Sommerness	4,192	55	5	5	..	541
Mississippi State Hospital [1-3]	Whitfield, Miss.	J. J. Head	7,849	102	6	6	..	300
St. Mary's Group of Hospitals [1-3]	St. Louis	F. M. Grogan	546	3	1	1	50	100
Norfolk State Hospital [1-220]	Norfolk, Neb.	C. G. Ingham	1,805	..	3	3	52	400
New Hampshire State Hospital [1-3]	Concord, N. H.	G. D. Niswander	3,661	49	2	6	..	263
Bergen Pines County Hospital [1-3]	Paramus, N. J.	H. C. Lederer	1,232	3	1	1	..	300
Binghamton State Hospital [1-3-232]	Binghamton, N. Y.	V. H. Boltz	4,256	38	5	5	..	450
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	R. R. Steen	1,332	16	1	1	..	225
Lenox Hill Hospital [1-3-19]	New York City	K. F. Woodward	....	..	..	1	..	400
New York University-Bellevue Medical Center								
University Hospital	New York City	S. B. Wortis	60	..	..	5	58	85
Roosevelt Hospital [1-3]	New York City	R. W. Laidlaw	67	..	2	4	..	133
St. Lawrence State Hospital [1-3]	Ogdensburg, N. Y.	H. B. Snow	2,888	93	4	8	..	487
Stony Lodge [1-3]	Ossining, N. Y.	L. E. Bernard	....	..	2	2	..	300
Astor Home for Children [1-3]	Rhinebeck, N. Y.	J. J. Reidy	49	..	..	2	..	417
Letchworth Village [1-3]	Thiells, N. Y.	I. N. Wolfson	4,323	34	2	2	..	450
Jewish Hospital [1-3]	Cincinnati	P. Piker	641	5	..	2	..	200
Longview State Hospital [1-3]	Cincinnati	D. Goldman	3,317	113	3	6	..	275
St. Charles Hospital [1-3]	Toledo, Ohio	E. Haynes	753	..	2	2	..	450
Abington Memorial Hospital [1-3]	Abington, Pa.	K. E. Appel	286	1	..	1	..	150
Albert Einstein Medical Center [1-3]	Philadelphia	P. Sloane	72	..	..	3	..	250
Jefferson Medical College Hospital [1-3]	Philadelphia	B. L. Keyes	115	..	..	1	..	100
Veterans Admin. Hospital [1-3]	Philadelphia	M. Cohen	359	2	..	1	..	....
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	H. L. Mitchell	1,650	30	1	3	..	300
Charles V. Chapin Hospital [1-3]	Providence, R. I.	W. N. Hughes	908	2	2	2	..	413
Emma Pendleton Bradley Home [1-3]	Riverside, R. I.	M. W. Laufer	72	..	..	3	..	283
Brattleboro Retreat [1-3]	Brattleboro, Vt.	J. B. Tompkins	1,271	2	4	4	..	417
Vermont State Hospital [1-3]	Waterbury, Vt.	R. A. Chittick	1,851	32	2	2	..	420
Pinel Foundation [1-3]	Seattle	S. W. Jackson	108	..	..	2	..	400
Mendota State Hospital [1]	Madison, Wis.	G. B. Tybring	2,347	20	6	9	..	600
Queen's Hospital [1-3]	Honolulu, T. H.	E. Harris	314	..	1	2	..	150

Numerical and other references will be found on pages 556 through 559.

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PSYCHIATRY PROGRAM IDENTIFICATION

10. Service in child psychiatry.
11. Six months service at Los Angeles County Hospital, Los Angeles.
12. Nine months service at Mount Zion Hospital, six months at Langley Porter Clinic and service in child psychiatry, San Francisco.
13. Three months of service at Napa State Hospital, San Francisco Hospital, Strickton State Hospital, Sonoma State Home and San Quentin Prison; and six months at Colwell Memorial Hospital.
14. Three months service at Fort Miley Veterans Administration Hospital, San Francisco, and Langley Porter Clinic, San Francisco; may include elective services at University of California Hospital, Mount Zion Hospital and Stanford University (Lane) Hospital, San Francisco.
15. Three months service at Pacific Colony Hospital, Pomona, and three months service in child psychiatry at Camerillo State Hospital.
16. Affiliate services at Colorado General and Denver General Hospitals.
17. Affiliate service at Veterans Administration Hospital, West Haven, Connecticut State Hospital, Fairfield State Hospital, Norwich State Hospital and service in child psychiatry.
18. Twelve months service at Grace-New Haven Community Hospital, New Haven, Connecticut.
19. Six months service at Governor Bacon Health Center, Delaware City.
20. Two months service at George Washington University Hospital, Washington, D. C.
21. Affiliate service at University Hospital, Augusta, Georgia.
22. Twelve month service at the Neuropsychiatric Institute of the University of Illinois including service in child psychiatry.
23. Eighteen months affiliate service including service at the Neuropsychiatric Institute of the University of Illinois and three months in child psychiatry.
24. Affiliate service at Neuropsychiatric Institute of the University of Illinois and service in child psychiatry.
25. Three months service at Veterans Administration Hospital, Downey, Illinois, and service in child psychiatry.
26. Six months service at Veterans Administration Hospital, Hines, Illinois. May include service in child psychiatry.
27. Six months service in child psychiatry.
28. Integrated program including service at Veterans Administration Hospital, Indianapolis General Hospital and Indiana University Medical Center and Affiliated Hospitals, Indianapolis.
29. Integrated program including service at Veterans Administration Hospital, Menninger Sanitarium and Topeka State Hospital, Topeka, Kansas.
30. Four months service at University of Louisville Services, Louisville, Kentucky, and four months service at Cincinnati General Hospital, Cincinnati, Ohio.
31. Three months service at University of Louisville Services, Louisville, Kentucky.
32. Twelve months service at University of Louisville Services. May include four months service at Central State Hospital; four months service at Louisville General Hospital.
33. Four months service at Central State Hospital and service in child psychiatry.
34. Integrated program including service at Tulane University Unit, Charity Hospital, New Orleans, and Veterans Administration Hospitals, New Orleans, and Biloxi, Mississippi.
35. Six months service in child psychiatry and twelve months service at South Louisiana State Hospital.
36. Service in child psychiatry.
37. Three months service in child psychiatry at Johns Hopkins Hospital (Harriet Lane House), Baltimore, Maryland.
38. Twelve months service at Boston State Hospital and service in child psychiatry.
39. Twelve-eighteen months service at Veterans Administration Hospital, Boston (Jamaica Plain), Massachusetts, and six months service in child psychiatry.
40. Integrated program including service at Massachusetts General Hospital and McLean Hospital, Waverly; may include 1 year training in child psychiatry at James Jackson Putnam Children's Center.
41. Twelve months service at University Hospital, Ann Arbor, Michigan.
42. University Hospital, Ann Arbor, Michigan.
43. Three months service at Coldwater State Home and Training School, Caro State and Ionia State Hospitals and service in child psychiatry.
44. Six months service in child psychiatry at Children's Hospital, Detroit.
45. Six months service at Receiving Hospital, Children's Hospital, Detroit, and Wayne County General Hospital and Infirmary, Eloise, Michigan.
46. University of Minnesota Hospitals, Minneapolis, Minnesota.
47. Three months service at Rochester State Hospital, Rochester, Minn.
48. Affiliate service at Barnes Hospital, St. Louis and three months at St. Louis State Hospital.
49. Six months service at Barnes Hospital, St. Louis, Missouri.
50. Service at St. Louis State Hospital and St. Louis City Hospital.
51. Service at Lutheran Hospital, Omaha.
52. Service at University of Nebraska Hospital.
53. Affiliate service at University of Nebraska Hospital and Creighton Memorial-St. Joseph Hospital, Omaha, Nebraska.
54. Six months service at Newark City Hospital; three months at New Jersey State Hospital and three months in child psychiatry.
55. Three months service at Albany Hospital, Albany, New York.
56. Affiliate services at Edward J. Meyer Memorial Hospital and Buffalo State Hospital.
57. Six months service at King's County Hospital, Brooklyn, New York.
58. Integrated program with service at Bellevue Hospital Center and University Hospital.
59. Six months service at Mount Sinai Hospital, New York City.
60. Service in child psychiatry. May include six months service at Mount Sinai Hospital and three months at Manhattan State Hospital.
61. Twelve months service at New York Hospital and four months at Veterans Administration Hospital, New York City (Bronx), New York.
62. Three months service at Grasslands, Rockland State, Albany Hospitals and Letchworth Village.
63. Six months service at Rochester State Hospital, Rochester, New York.
64. Six months service at Strong Memorial-Rochester Municipal Hospitals, Rochester.
65. Affiliate service at Strong Memorial-Rochester Municipal Hospitals.
66. Three months service at Syracuse Memorial, Binghamton, Syracuse and Willard State Hospitals, service at Craig Colony and service in child psychiatry.
67. Affiliate service at State Hospitals at Raleigh and Butner, North Carolina.
68. Eighteen months service at Duke Hospital, Durham, North Carolina.
69. Three months service at Longview State and Jewish Hospitals, Cincinnati.
70. Integrated program including service at Cleveland Clinic and Windsor Hospital.
71. Integrated program including service at University Hospital and Veterans Administration Hospital, Cleveland, Ohio.
72. Integrated program with service at Institute of the Pennsylvania Hospital and Pennsylvania Hospital Department for Mental and Nervous Diseases.
73. Affiliate service at Temple University Hospital, Institute of Pennsylvania, Hospital of the Woman's Medical College of Pennsylvania.
74. Six months service at Philadelphia General Hospital and service in child psychiatry.
75. Two months affiliate service for institutional care.
76. Integrated program including service at Vanderbilt University Hospital, Veterans Administration Hospital, Nashville, Veterans Administration Hospital, Murfreesboro, and Central State Hospital, Nashville.
77. Four months affiliate service at St. Mary's Infirmary, Galveston, Texas.
78. Service in child psychiatry at Jefferson Davis Hospital, Houston, Texas.
79. Six months affiliate service at Veterans Administration Hospital, Salt Lake City, Utah, and affiliate services at State Hospital, Provo, Utah.
80. Integrated program including service at University of Virginia Hospital, Charlottesville and Veterans Administration Hospital, Roanoke, Va.
81. Affiliate service at Southwestern State Hospital, Marion and Lynchburg State Colony, Lynchburg, Va.
82. Six months service at Medical College of Virginia—Hospital Division, Richmond, and service in child psychiatry.
83. Six months service at Veterans Administration Hospital, American Lake, Washington, and six months in child psychiatry.

24. PULMONARY DISEASES

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Pulmonary Diseases of the American Board of Internal Medicine, as offering acceptable training in the specialty.

Hospitals, III; Assistant Residencies and Residencies, 359

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Fitzsimons Army Hospital [1]	Denver	J. A. Wier	2,217	14	9	9	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-3]	Washington, D. C.	H. M. Payne	170	11	1	3	218
NONFEDERAL AND VETERANS ADMINISTRATION							
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	M. Jeffrey	244	11	1	1	300
City of Hope Medical Center [1-3]	Duarte, Calif.	L. Tepper	356	15	1	1	400
Barlow Sanatorium [1-3]	Los Angeles	H. W. Bosworth	235	2	2	2	200
Los Angeles County Hospital [1]	Los Angeles	H. Gierson	1,373	56	..	..	246
Bret Harte Sanatorium [1-3-16]	Murphys, Calif.	L. M. Barber	537	7	1	1	500
San Diego County General Hospital [1-3]	San Diego, Calif.	V. J. Wyborney	251	5	1	3	175
San Francisco Hospital							
Stanford University Service [1-3]	San Francisco	H. C. Hinshaw	863	17	..	1	195
University of California Service [1-3]	San Francisco	S. M. Farber	864	18	..	1	195

Numerical and other references will be found on pages 556 through 559.

24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Salary (Month)
Santa Clara County Hospital [1-3]	San Jose, Calif.	C. G. Scarborough	215	7	1	2	502
Fairmont Hospital of Alameda County [1-3-74]	San Leandro, Calif.	J. L. Eaton	449	30	1	1	185
Tulare-Kings Counties Hospital [1-3]	Springville, Calif.	W. A. Winn	454	26	5	5	600
National Jewish Hospital [1-3]	Denver	S. H. Dressler	642	12	8	8	250
University of Colorado Medical Center		R. S. Mitchell	..	..	..	..	...
Colorado General Hospital [1-3]	Denver		128	9	..	2	190
Denver General Hospital [1-3]	Denver		149	10	..	..	...
Cedarcrest Hospital [1-3]	Newington, Conn.	R. C. Edson	631	15	1	1	335
Uncas on Thames [1-3]	Norwich, Conn.	N. L. Cressy	827	20	4	4	335
Laurel Heights State Tuberculosis Sanatorium [1-3]	Shelton, Conn.	K. S. Howlett, Jr.	644	13	2	2	205
Veterans Admin. Hospital [1-3]	West Haven, Conn.	N. d'Esopo	757	24	4	4	...
District of Columbia General Hospital [1-3]	Washington, D. C.	S. Katz	552	26	2	4	233
George Washington University Hospital [1-3]	Washington, D. C.	J. J. Feffer	610	34	1	2	150
Chicago State Tuberculosis Sanitarium [1-3]	Chicago	M. M. Pyle	800	19	3	3	250
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	L. H. Berard	3,301	54	2	2	185
Michael Reese Hospital	Chicago	D. Radner	254	18	1	3	100
Peoria Municipal Tuberculosis Sanitarium [1-3]	Peoria, Ill.	D. Morse	166	5	1	1	250
Lake County Tuberculosis Sanatorium [1-3]	Waukegan, Ill.	C. K. Petter	272	10	1	1	250
Indianapolis General Hospital [1]	Indianapolis	J. H. Stygall	230	4	..	1	325
Sunnyside Sanatorium [1-3]	Indianapolis	J. D. Miller	398	10	2	2	400
Healthwise Hospital [1]	South Bend, Ind.	E. W. Custer	317	5	1	1	500
University of Kansas Medical Center [1-3]	Kansas City, Kan.	M. Fitz Patrick	164	4	1	1	125
Charity Hospital of Louisiana Louisiana State University Unit [1]	New Orleans	W. R. Akenhead	210	12	2	3	175
Central Maine Sanatorium [1-3-155]	Fairfield, Maine	W. B. Grow	182	11	1	1	75
Baltimore City Hospital [1-3]	Baltimore	E. G. Beacham	652	14	2	3	50
Glenn Dale Hospital [1-3]	Glenn Dale, Md.	M. Weiss	1,210	29	4	4	338
Boston Sanatorium [1-3]	Boston	J. A. Foley	988	15	1	5	302
Cambridge Sanatorium [1-3]	Cambridge, Mass.	R. Kurzmann	178	5	1	1	540
Veterans Admin. Hospital [1-3]	Rutland Heights, Mass.	S. T. Allison	1,150	..	1	1	...
Middlesex County Sanatorium [1-3]	Waltham, Mass.	H. W. Evarts	532	11	1	1	525
Westfield State Sanatorium [1-3]	Westfield, Mass.	J. M. Houser	283	10	..	3	490
Henry Ford Hospital [1-3]	Detroit	E. G. Cravens, Jr.	492	19	2	2	225
Herman Kiefer Hospital [1-3]	Detroit	P. T. Chapman	2,504	87	9	11	526
Michigan State Sanatorium [1-3]	Howell, Mich.	W. F. Fidler	837	..	4	4	860
Veterans Admin. Hospital [1-3]	Minneapolis	W. W. Stead	625	40	..	..	...
Nopeming Sanatorium [1-3]	Nopeming, Minn.	R. W. Backus	653	13	1	1	150
Glen Lake Sanatorium [1-3]	Oak Terrace, Minn.	R. H. Frost	780	28	3	3	305
Mayo Foundation [1-3]	Rochester, Minn.	H. J. Moersch	Incl. in Int. Med.		..	..	175
Mississippi State Sanatorium	Sanatorium, Miss.	H. Boswell	..	..	..	..	...
Robert Koch Hospital [1-3]	Koch, Mo.	B. Friedman	1,272	20	5	10	350
St. Mary's Group of Hospitals [1-3]	St. Louis, Mo.	G. O. Broun	257	7	1	1	100
Veterans Admin. Hospital [1-3]	East Orange, N. J.	M. K. Small	507	40	1	2	...
New Jersey Sanatorium for Chest Diseases [1-3]	Glen Gardner, N. J.	J. A. Smith	474	3	5	5	515
B. S. Pollak Hospital for Chest Diseases	Jersey City, N. J.	S. Cohen	1,201	46	..	9	167
Bergen Pines County Hospital [1-3]	Paramus, N. J.	R. R. Little	512	31	2	2	200
Essex County Sanatorium [1-3]	Verona, N. J.	I. Ochert	752	23	3	5	529
Veterans Admin. Hospital [1-3]	Albuquerque, N. Mex.	J. W. Berry	849	16	1	1	...
Albany Hospital [1-3]	Albany, N. Y.	F. C. Maxon	235	11	1	2	160
Kings County Hospital Division I [1-3]	Brooklyn, N. Y.	C. C. Hamilton	Incl. in Int. Med.		1	1	155
Division II [1-3]	Brooklyn, N. Y.	H. Lyons	Incl. in Int. Med.		1	1	104
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	H. L. Katz	404	28	1	1	...
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	D. R. McKay	811	30	..	1	348
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	S. Bassin	221	1	1	2	104
Nassau County Tuberculosis Hospital [1-3]	Farmingdale, N. Y.	J. G. Carlton	508	18	5	5	...
Triboro Hospital [1-3]	Jamaica, N. Y.	H. H. Epstein	1,009	19	13	13	157
Ulster County Tuberculosis Hospital	Kingstown, N. Y.		..	..	..	..	...
Niagara Sanatorium [1-3]	Lockport, N. Y.	L. C. Evander	582	20	1	2	328
Mount Morris Tuberculosis Hospital [1-3]	Mount Morris, N. Y.	F. L. Armstrong	515	30	2	2	485
Bellevue Hospital Center Div. I-Columbia University [1-3]	New York City	J. H. McClement	1,888	62	18	26	157
Bronx Municipal Hospital Center [1-3]	New York City	E. H. Rubin	706	14	10	10	185
Montefiore Hospital [1-3]	New York City	R. Bloch	534	32	5	7	187
Morrisania City Hospital [1-3]	New York City	P. Hurwitz	Incl. in Int. Med.		1	1	104
New York Medical College-Metropolitan Medical Center Metropolitan Hospital [1-3]	New York City	I. G. Epstein	573	11	8	8	157
St. Joseph's Hospital for Chest Diseases [1-3]	New York City	F. J. McCarthy	3,343	20	4	4	200
Veterans Admin. Hospital [1-3]	New York City (Bronx)	D. J. Stone	1,005	59	..	..	...
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	R. Horton	582	5	2	3	495
Ray Brook State Tuberculosis Hospital [1-3]	Ray Brook, N. Y.	F. Beck	633	19	2	2	495
Iola Monroe County Tuberculosis Sanatorium	Rochester, N. Y.	J. M. MacMillan	501	11	2	5	416
Glenridge Sanatorium [1-3]	Schenectady, N. Y.	J. M. Blake	269	2	3	3	300
Sea View Hospital [1-3]	Staten Island, N. Y.	E. H. Robitzek	3,269	28	25	25	157
Veterans Admin. Hospital [1-3]	Sunmount, N. Y.	J. W. Raleigh	1,113	23	2	2	...
Broadacres Sanatorium [1-3]	Utica, N. Y.	S. C. F. Mahady	386	11	1	1	495
Grasslands Hospital [1-3]	Valhalla, N. Y.	W. G. Childress	566	30	3	7	225
Duke University Hospital [1-3]	Durham, N. C.	E. E. Menefee	198	3	..	..	250
North Carolina Sanatorium for the Treatment of Tuberculosis [1-3]	McCain, N. C.	W. C. Hewitt	1,293	13	4	4	500
Veterans Admin. Hospital [1-3]	Oteen, N. C.	W. S. Schwartz	2,021	24	..	6	...
Veterans Admin. Hospital	Brecksville, Ohio	J. A. O'Hale	657	9	1	1	...
City Hospital [1-3]	Cleveland	R. C. McKay	911	27	4	4	162.50
Sunny Acres-Cuyahoga County Tuberculosis Hospital [1-3]	Cleveland	H. G. Curtis	966	28	2	2	383
Ohio State University Hospitals University Hospital [1-3]	Columbus, Ohio	J. A. Prior	Incl. in Int. Med.		..	1	252
Ohio Tuberculosis Hospital [1-3]	Columbus, Ohio	R. J. Atwell	492	14	2	8	288
Eagleville Sanatorium [1-3]	Eagleville, Pa.	J. J. Kirshner	377	4	3	3	...
Chas. H. Miner State Hospital [1-3]	Hamburg		993	..	4	4	417
Graduate Hospital of The University of Pennsylvania [1-3]	Philadelphia	H. Israel	187	3	1	1	200
Hospital of The University of Pennsylvania [1-3]	Philadelphia	S. Leopold	Incl. in Int. Med.		2	2	...
Philadelphia General Hospital [1-3-Blockley Division	Philadelphia	W. Weiss	669	49	1	2	382
Philadelphia General Hospital-Northern Division [1-3]	Philadelphia	H. Shubin	612	19	2	2	383
Samuel G. Dixon State Hospital [1]	South Mountain, Pa.	W. A. Gette	1,734	10	2	2	468
Oakville Memorial Sanatorium [1-3]	Memphis, Tenn.	S. C. Carter	402	11	1	2	200
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	S. Phillips	871	13	2	2	...
West Tennessee Tuberculosis Hospital	Memphis, Tenn.	E. P. Bowerman	984	11	2	3	200
Veterans Admin. Hospital [1]	Nashville, Tenn.	R. A. Goodwin, Jr.	431	2	1	1	...
Parkland Memorial Hospital [1-3]	Dallas, Texas	J. O. Armstrong	243	6	1	1	125
Baylor University College of Medicine Affiliated Hospitals Veterans Admin. Hospital [1-3]	Houston, Texas	I. Chofnas	Incl. in Int. Med.		1	1	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	D. O. Shields	222	11	2	4	...
Blue Ridge Sanatorium [1-3]	Charlottesville, Va.	C. G. Pearson	825	16	1	1	375
Veterans Admin. Hospital [1-3]	Richmond, Va.	W. T. Thompson, Jr.	1,459	21	..	2	...

Numerical and other references will be found on pages 556 through 559.

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24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Firland Sanatorium [1-8]	Seattle	T. F. Sheehy, Jr.	1,864	50	3	3	300
Central Washington Tuberculosis Hospital [1]	Selah, Wash.	A. R. Allen	387	9	1	1	500
Muirdale Sanatorium [1-8]	Milwaukee	A. V. Cadden	1,847	17	..	2	257
Veterans Admin. Hospital [1-8]	Milwaukee (Wood), Wis.	R. A. Hemphill	1,737	54	1	1	...
Leahi Hospital [1-8]	Honolulu, T. H.	H. H. Walker	910	14	3	3	850

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Radiology, through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Hospitals listed with the following symbol (=) are approved and offer training of three years intramurally, in addition to participating in an integrated residency program.

Hospitals, 363; Assistant Residencies and Residencies, 1,721

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES AIR FORCE									
U. S. Air Force Hospital	San Antonio, Texas	J. M. Keegan	57,581	11	1,525	426	2	6	...
UNITED STATES ARMY									
Letterman Army Hospital [1-8]	San Francisco	D. Dullum	54,000	110	5,643	596	2	6	...
Fitzsimons Army Hospital [1]	Denver	A. B. Ramsay	61,834	41	4,066	577	2	6	...
Army Medical Center [1-8]	Washington, D. C.	E. A. Lodmell	67,808	782	10,130	334	3	9	...
Brooke Army Hospital [1-8]	San Antonio, Texas	J. A. Isherwood	63,381	143	5,617	68	3	9	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-8]	Oakland, Calif.	B. O. Junnila	79,696	21	1,762	538	1	2	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. L. Messersmith	76,919	56	5,698	67	2	6	...
U. S. Naval Hospital [1-8]	Bethesda, Md.	S. F. Williams	40,513	10	3,312	3,527	1	3	...
U. S. Naval Hospital [1]	Chelsea, Mass.	C. E. Bentel	20,167	10	679	194	1	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	C. Gartenlaub	55,899	3	3,793	98	2	5	...
U. S. Naval Hospital [1]	Philadelphia	G. C. Daughtridge	34,998	15	1,627	226	1	3	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-8]	New Orleans	G. A. Shipman	26,516	...	.....	...	1	3	...
U. S. Public Health Service Hospital [1-8]	Baltimore	L. B. Garbe	15,981	81	2,992	507	1	4	...
National Institutes of Health-Clinical Center [1-8]	Bethesda, Md.	T. Hilbish-J. R. Andrews	27,321	6	282	1,849	2	2	...
U. S. Public Health Service Hospital [1-8-202]	Stapleton, S. I., N. Y.	W. M. Sennott	32,354	4	2,141	467	2	5	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-8]	Washington, D. C.	T. W. Davis	35,081	24	1,681	428	1	8	218
NONFEDERAL AND VETERANS ADMINISTRATION									
Birmingham Baptist Hospitals	Birmingham, Ala.	J. W. Underwood	12,295	81	5,181	.....	..	3	200
University of Alabama Medical Center		J. G. Wood	...	...	.....	...	..	9	...
University Hospital and Hillman Clinic [1-8]	Birmingham, Ala.	J. G. Wood	30,053	164	9,302	1,907	..	..	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	B. Lieberman	20,163	3	2,412	53	..	..	...
University Hospital [1]	Little Rock, Ark.	D. M. Gould	31,472	56	4,066	434	3	9	150
Kern County General Hospital [1]	Bakersfield, Calif.	R. Karlen	27,297	37	1,446	176	1	3	325
San Joaquin General Hospital [1]	French Camp, Calif.	A. Cove	31,080	14	1,690	.....	1	2	260
Seaside Memorial Hospital [1-8]	Long Beach, Calif.	H. J. Friebard-G. Beckstrand	17,393	72	700	35	1	3	235
Veterans Admin. Hospital [1-8]	Long Beach, Calif.	F. Isaac	53,819	2	5,671	1,266	2	6	...
Cedars of Lebanon Hospital [1-8]	Los Angeles	H. Jaffe-D. Zion	21,542	21	5,362	.....	2	5	250
Hospital of the Good Samaritan [1]	Los Angeles	J. D. Camp	34,626	14	5,018	184	2	5	225
Los Angeles County Hospital [1]	Los Angeles	G. Jacobson	94,171	294	10,235	1,073	4	13	246
Queen of Angels Hospital [1-8]	Los Angeles	L. S. Goin	17,023	38	1,914	348	1	2	200
University of California Hospital [1-8]	Los Angeles	A. H. Dowdy	36,868	12	1,704	572	2	8	198
Veterans Admin. Hospital [1-8]	Los Angeles	C. W. McClanahan	54,879	74	9,332	2,307	3	8	...
White Memorial Hospital [1-8]	Los Angeles	W. L. Stilson	19,994	38	3,598	412	2	4	150
Highland-Alameda County Hospital [1]	Oakland, Calif.	H. H. Jensen	28,474	45	4,409	....	1	3	200
Sutter Community Hospitals [1]	Sacramento, Calif.	E. G. Tainter	13,830	36	15,199	3,250	1	2	248
San Diego County General Hospital [1-8-68]	San Diego, Calif.	E. L. Whitehead	17,243	42	1,853	93	1	3	175
Children's Hospital [1-8]	San Francisco	G. G. King	9,481	30	1,130	41	1	2	150
Mount Zion Hospital [1-8]	San Francisco	J. Levitin	13,927	20	1,094	.....	1	3	150
St. Francis Memorial Hospital [1-8]	San Francisco	C. R. Fielder	18,833	14	3,970	1,580	1	1	300
St. Mary's Hospital [1-8]	San Francisco	C. Capp	10,974	24	2,165	124	1	3	150
San Francisco Hospital	San Francisco								
Stanford University Service [1-8]	San Francisco	L. H. Garland	20,072	20	1,781	47	..	3	195
University of California Service	San Francisco	A. J. Williams	...	...	.....	.....	..	..	...
Stanford University Hospitals [1-8]	San Francisco	H. S. Kaplan	16,097	21	4,922	.....	2	5	80
Veterans Admin. Hospital	San Francisco	W. W. Saunders	28,417	2,868	189	19	..	..	...
University of California Hospital [1-8]	San Francisco	R. S. Stone	44,330	88	10,465	434	2	7	210
Santa Clara County Hospital [1-8]	San Jose, Calif.	J. J. McCort	12,515	18	1,070	166	1	2	260
Harbor General Hospital [1]	Torrance, Calif.	J. H. Woodruff	36,408	61	2,511	737	2	6	246
Glockner-Penrose Hospital [1-8]	Colorado Springs, Colo.	J. W. McMullen-J. Del Regato	18,664	4	11,294	1,491	3	7	150
General Rose Memorial Hospital	Denver	J. H. Weiss-M. H. Levine	14,243	28	1,820	...	1	3	250
Presbyterian Hospital [1-8]	Denver	K. D. A. Allen	12,180	80	6,564	147	1	3	225
St. Joseph's Hospital	Denver	E. J. Meister	13,157	46	1,594	.....	1	3	200
St. Luke's Hospital [1]	Denver	W. P. Stampfli	14,500	33	2,190	985	2	3	225
University of Colorado Medical Center		R. R. Lanier	...	...	.....	...	4	10	...
Colorado General Hospital [1-8]	Denver	R. R. Lanier	27,674	56	1,906	274	..	..	180
Denver General Hospital [1-8]	Denver	E. Salzman	33,038	18	876	229	..	..	157
Veterans Admin. Hospital [1-8]	Denver	A. L. Daywitt	32,991	59	4,080	396	2	5	...
Bridgeport Hospital [1-8]	Bridgeport, Conn.	J. J. Esposito	16,593	95	2,794	.....	1	2	240
St. Vincent's Hospital [1-8]	Bridgeport, Conn.	R. Russo	22,386	51	1,246	126	1	2	300
Hartford Hospital [1-8-95]	Hartford, Conn.	R. T. Ogden	41,446	68	15,196	.....	2	4	100
Grace-New Haven Community Hospital [1-8]	New Haven, Conn.	A. H. Janzen-R. M. Lowman	33,021	153	6,703	.....	3	9	50
Hospital of St. Raphael [8]	New Haven, Conn.	K. Shapiro	21,171	60	7,859	611	2	6	150
St. Mary's Hospital	Waterbury, Conn.	K. R. Kaess	18,952	12	2,380	28	1	3	225
Waterbury Hospital [1]	Waterbury, Conn.	J. M. James	19,304	37	2,225	247	1	3	225
Veterans Admin. Hospital [1-8-100]	West Haven, Conn.	A. B. Skorneck	20,828	2	1,804	7	1	2	...
Delaware Hospital [1-8]	Wilmington, Del.	W. W. Lattomus	25,874	301	4,200	2,780	1	3	250

Numerical and other references will be found on pages 556 through 559.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Doctor's Hospital [1-3]	Washington, D. C.	F. O. Coe	21,187	49	8,137	1,256	2	5	250
Georgetown University Hospital [1-3]	Washington, D. C.	W. E. Baensch	23,867	14	3,450	1,725	3	8	175
George Washington University Hospital [1-3]	Washington, D. C.	W. W. Stanbro	24,508	11	6,817	175	2	5	150
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	H. Litwer	19,655	...	1,152	30	1	1	...
Veterans Admin. Hospital [1-3-109]	Washington, D. C.	S. R. Bersack	15,042	4	2,195	68	1	3	...
Washington Hospital Center									
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	J. E. Wissler	17,931	4	2,163	....	1	3	200
Garfield Memorial Hospital [1-3]	Washington, D. C.	R. M. Caulk	17,456	18	6,172	695	..	..	215
Jackson Memorial Hospital [1-3]	Miami, Fla.	R. L. Parks	67,391	87	5,479	608	2	6	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	R. A. Elmer	19,143	53	3,093	173	1	2	285
Grady Memorial Hospital [1-3]	Atlanta, Ga.	H. S. Weens	49,402	60	7,043	464	2	6	100
Piedmont Hospital [1]	Atlanta, Ga.	E. G. Smith, Jr.	7,222	17	645	.....	1	1	235
Veterans Admin. Hospital [1-3-114]	Atlanta, Ga.	S. Krantz	16,690	6	3,945	512	2	2	...
Eugene Talmadge Memorial Hospital [1]	Augusta, Ga.	R. Wich	3,806	.....	332	44	3	7	250
University Hospital [1]	Augusta, Ga.	S. W. Brown	19,878	9	1,139	73	2	6	200
Veterans Admin. Hospital [1-3-115]	Augusta, Ga.	S. M. Roberts	21,697	3	2,103	79	1	1	...
Emory University Hospital [1-3]	Emory University, Ga.	H. S. Weens	22,983	3,739	.....	.....	1	3	235
Augustana Hospital [1-3]	Chicago	D. S. Bellin	15,369	.....	1,646	.....	1	3	150
Cook County Hospital [1-3]	Chicago	I. F. Hummon	115,776	130	20,280	1,496	2	17	200
Illinois Masonic Hospital [1-3]	Chicago	J. H. Gilmore	23,632	22	2,125	58	1	1	115
Mercy Hospital [1-3]	Chicago	W. Furey	20,610	122	8,436	200	1	3	200
Michael Reese Hospital	Chicago	B. Levine-E. Uhlmann	35,067	2,234	11,152	49	4	8	125
Mount Sinai Hospital [1-3]	Chicago	J. Arendt	25,030	36	5,538	765	2	6	125
Northwestern University Medical Center		E. Barth	.....	.....	.....	.....	..	17	...
‡ Chicago Wesley Memorial Hospital [1-3]	Chicago	A. H. Cannon	14,323	.....	2,458	144	..	..	125
Children's Memorial Hospital	Chicago	H. White	.....	.....	.....	.....	..	..	...
‡ Passavant Memorial Hospital [1-3]	Chicago	R. H. Lewis	16,845	.....	1,167	.....	..	..	50
‡ Veterans Admin. Research Hospital	Chicago	E. G. Warnick	13,500	6	5,186	219	..	..	...
‡ Evanston Hospital [1-3]	Evanston	R. G. Willy-A. Hamann	30,539	35	4,208	437	..	..	225
Presbyterian Hospital [1-3]	Chicago	F. H. Squire	34,256	28	3,527	884	2	4	125
Provident Hospital [1-3]	Chicago	W. P. Quinn	8,745	87	1,687	88	1	3	200
St. Luke's Hospital [1-3]	Chicago	E. H. Jenkinson	33,052	21	4,508	125	2	6	125
University of Chicago Clinics [1-3]	Chicago	P. C. Hodges	40,313	110	14,470	702	4	12	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	R. A. Harvey	47,979	60	12,079	....	3	11	125
St. Francis Hospital [1-3]	Evanston, Ill.	A. C. Ledoux	31,660	17	2,385	239	1	3	175
Little Company of Mary Hospital	Evergreen Park, Ill.	W. W. Furey	34,730	42	3,231	255	1	3	175
Veterans Admin. Hospital [1]	Hines, Ill.	F. L. Hussey	67,014	70	11,692	1,368	6	8	...
St. Francis Hospital [1-3]	Peoria, Ill.	P. R. Dirkse-D. F. Anderson	23,415	12	3,419	401	1	2	225
Carle Hospital Clinic [1]	Urbana, Ill.	C. Giantureo	23,629	46	2,031	501	1	3	250
Clinic Hospital [1-3-125]	Bluffton, Ind.	R. E. Bishop	23,058	7	1,253	57	1	1	300
Indiana University Medical Center and Affiliated Hospitals		J. A. Campbell	.....	.....	.....	.....	..	18	...
‡ Indianapolis General Hospital [1]	Indianapolis	W. Tosiek	4,074	66	1,559	204	1	3	265
‡ Indiana University Medical Center Hospital [1]	Indianapolis	J. A. Campbell	26,974	126	5,669	1,304	4	12	165
‡ Veterans Admin. Hospital [1-3]	Indianapolis	P. C. Harding	20,963	12	1,629	89	..	..	...
Methodist Hospital [1]	Indianapolis	H. C. Oehsner	47,146	90	5,706	1,197	1	3	278
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	A. B. Phillips	16,430	19	1,231	161	1	2	175
Veterans Admin. Hospital [1-3-139]	Des Moines, Iowa	P. J. Trier	31,405	2	1,469	407	1	3	...
State University of Iowa Hospitals [1-3]	Iowa City	E. F. Van Epps	58,659	103	16,369	....	3	9	140
Veterans Admin. Hospital [1-3]	Iowa City	J. G. Baron	19,837	18	5,843	124	2	4	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	G. Tice	31,218	116	6,111	328	2	4	125
Veterans Admin. Hospital [1]	Kansas City, Mo.	M. F. Westfall	28,113	2	1,519	101	..	..	...
St. Francis Hospital [1-3]	Wichita, Kan.	J. H. Kline	20,500	9	3,688	158	1	2	275
St. Joseph Infirmary [1-3]	Louisville, Ky.	S. E. Johnson-J. Love	28,974	122	4,674	1,558	1	3	210
University of Louisville Hospitals		E. L. Pirkey	.....	.....	.....	.....	3	9	...
Louisville General Hospital [1-3-138]	Louisville, Ky.	E. L. Pirkey	36,355	25	1,946	86	..	..	83
Veterans Admin. Hospital [1-3]	Louisville, Ky.	J. F. Shaw	19,058	5	1,392	161	..	..	...
Charity Hospital of Louisiana [1]	New Orleans	A. Mayoral-M. Garcia	170,617	377	52,959	3,128	5	14	100
Hotel Dieu [1]	New Orleans	H. M. Duhe	21,084	.....	1,904	423	1	3	200
Oehsner Foundation Hospital [1]	New Orleans	E. H. Little	49,098	.....	3,167	315	2	6	225
Southern Baptist Hospital [1-3]	New Orleans	L. J. Brstow, Jr.	25,834	11	7,072	342	1	3	265
Touro Infirmary [1]	New Orleans	A. Payzant	32,289	29	3,016	.....	1	3	125
Veterans Admin. Hospital [1-3]	New Orleans	C. P. Oderf	17,919	6	6,100	90	2	5	...
Confederate Memorial Medical Center [1]	Shreveport, La.	W. H. Carroll	41,854	50	10,337	781	2	6	125
Eastern Maine General Hospital [1-3]	Bangor, Maine	H. A. Smith	20,279	36	2,492	453	1	2	100
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Miller	11,747	40	1,558	69	..	1	225
Maine Medical Center [1]	Portland, Maine	J. F. Gibbons	21,912	62	3,616	102	2	2	125
Baltimore City Hospital [1-3]	Baltimore	J. De Carlo	27,321	8	811	308	2	4	50
Johns Hopkins Hospital [1-3]	Baltimore	R. H. Morgan	69,371	231	11,143	11,143	5	9	150
Mercy Hospital [1-3]	Baltimore	R. Barnes	23,047	25	981	.....	1	1	275
Sinai Hospital [1-3-157]	Baltimore	J. O. Salik	21,263	26	876	.....	1	3	110
University Hospital [1-3]	Baltimore	J. M. Dennis	55,146	174	6,290	440	3	7	75
Washington County Hospital [1]	Hagerstown, Md.	S. H. Macht	23,093	29	1,962	474	1	1	250
Beth Israel Hospital [1-3-162]	Boston	F. Feiselsner	22,296	3	1,990	76	2	3	58
Boston City Hospital [1-3]	Boston	M. Ritvo	78,398	28	3,056	267	..	13	132
Lahey Clinic [1-3-167-168-170]	Boston	M. I. Smedal	71,382	13	8,618	823	4	4	200
Massachusetts General Hospital [1-3]	Boston	L. L. Robbins	74,000	309	18,085	.....	3	8	67
Massachusetts Memorial Hospitals [1-3]	Boston	G. Lucas	13,329	4	1,707	132	2	2	100
New England Center Hospital [1-3]	Boston	A. Ettinger	45,702	2	2,120	46	1	3	100
New England Deaconess Hospital [1-3]	Boston	J. H. Marks	22,025	60	5,558	77	1	3	135
Peter Bent Brigham Hospital [1-3-187]	Boston	J. B. Dealy, Jr.	27,301	13	1,837	.....	2	9	42
Children's Medical Center	Boston	E. B. D. Neuhauser	22,947	.....	2,419	.....	2	4	50
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	E. G. Wissling	37,538	2	3,590	83	3	5	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. A. Herzan	15,890	9	1,012	.....	1	2	160
Mount Auburn-Faulkner-Shattuck Associated Hospitals		R. Schatzki	.....	.....	.....	.....	..	..	...
Mount Auburn Hospital [1-3]	Cambridge, Mass.		17,885	9	1,676	57	..	1	175
Faulkner Hospital	Boston	L. E. Hawes	10,470	.....	1,098	25	..	..	180
Lemuel Shattuck Hospital	Boston		.....	.....	.....	.....	..	..	...
St. Joseph Mercy Hospital	Ann Arbor, Mich.	S. W. Donaldson	27,851	34	1,877	190	1	3	275
University Hospital [1-3-189]	Ann Arbor, Mich.	F. J. Hodges	58,621	134	14,749	585	6	18	154
Leila Post Montgomery Hospital [1-3]	Battle Creek, Mich.	P. Harden	12,956	45	1,603	140	1	1	275
Grace Hospital [1-3]	Detroit	C. K. Hasley	38,373	48	5,128	1,545	1	4	275
Harper Hospital [1-3-205]	Detroit	L. Reynolds	27,552	300	22,500	298	3	9	225
Henry Ford Hospital [1-3]	Detroit	W. R. Eyler	75,319	94	4,350	307	5	15	225
Mount Carmel Mercy Hospital [1-3]	Detroit	J. M. Grace	49,080	10	3,740	164	2	4	275
Providence Hospital [1]	Detroit	W. A. Irwin	31,954	276	6,032	210	1	3	275
Sinai Hospital [1-3]	Detroit	H. Feigelson	16,500	8	2,671	12	1	2	275
Wayne State University Affiliated Hospitals									
Veterans Admin. Hospital [1-3-194]	Dearborn, Mich.	E. E. Levine	28,242	8	2,580	63	2	6	...
Detroit Memorial Hospital	Detroit		.....	.....	.....	.....	..	..	...
Herman Kiefer Hospital [1-3]	Detroit	H. E. Campbell	278,564	.....	.....	.....	2	2	526
Receiving Hospital [1-3]	Detroit	J. F. Lofstrom	89,814	44	6,041	494	6	18	289

Numerical and other references will be found on pages 556 through 559.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	J. Zbikowski	50,647	16	2,853	68	3	3	316
Hurley Hospital [1-2]	Flint, Mich.	D. R. Limbach	53,132	15	1,302	815	2	6	325
St. Joseph Hospital [1-2]	Flint, Mich.	J. E. Livesay	21,293	30	231	5	1	3	400
Blodgett Memorial Hospital [1-2]	Grand Rapids, Mich.	H. C. Jones	20,291	17	3,174	58	1	2	275
Butterworth Hospital [1-2]	Grand Rapids, Mich.	E. Wahby	22,379	65	3,938	392	1	3	300
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	J. Morton	28,870	49	2,991	.....	1	2	325
Swedish Hospital [1-2]	Minneapolis	L. G. Iosrom	33,564	19	3,471	3,471	1	2	200
University of Minnesota Hospitals [1-2-208]	Minneapolis	H. O. Peterson	50,303	210	12,995	1,000	5	17	185
Veterans Admin. Hospital [1-2-211]	Minneapolis	J. Jorgens	51,446	32	3,052	510	5	11	....
Mayo Foundation [1-2]	Rochester, Minn.	H. M. Weber	264,914	1,480	29,964	819	6	20	175
Charles T. Miller Hospital [1-2]	St. Paul, Minn.	H. O. Peterson	17,081	68,103	6,782	.....	1	3	225
University Hospital	Jackson, Miss.	..... Sloan	.....	.....	.....	.....	2	6	250
University of Missouri Medical Center	Columbia, Mo.		.....	.....	.....	.....	..	..	..
Menorah Medical Center [1-2]	Kansas City, Mo.	D. S. Dann	13,833	20	716	289	1	3	200
Research and Affiliated Hospitals			.....	.....	.....	.....	..	12	....
Veterans Admin. Hospital [1-2-134]	Wadsworth, Kan.	R. F. Davis	22,695	1	1,733	270	4	10	....
Children's Mercy Hospital	Kansas City, Mo.	A. B. Smith	8,443	.....	.....	15	..	..	....
Kansas City General Hospital No. 2 [1-2]	Kansas City, Mo.	J. Ramos	17,124	9	353	9	1	3	200
Research Hospital [1-2]	Kansas City, Mo.		17,082	52	1,792	40	4	12	250
Veterans Admin. Hospital [1]	Kansas City, Mo.	M. F. Westfall	28,113	2	1,519	101	..	..	....
St. Joseph Hospital [1-2]	Kansas City, Mo.	C. E. Virden	18,807	141	3,627	169	1	4	250
St. Luke's Hospital [1-2]	Kansas City, Mo.	L. A. Scarpellino	14,589	50	1,946	79	1	3	225
Barnes Hospital [1-2]	St. Louis	H. Wilson	61,209	220	12,906	.....	5	15	200
Homer G. Phillips Hospital [1-2]	St. Louis	W. E. Allen, Jr.	30,309	102	2,506	7	2	5	201
Jewish Hospital [1-2]	St. Louis	H. E. Senturia	19,345	39	4,943	744	2	3	100
St. Louis City Hospital [1-2]	St. Louis	D. C. Weir	48,489	44	2,761	154	2	6	92
St. Mary's Group of Hospitals [1-2]	St. Louis	L. Sante	28,836	70	3,091	190	1	3	100
Veterans Admin. Hospital [1-2]	St. Louis	S. Kamberg	19,202	9	5,520	192	2	6	....
Creighton Memorial St. Joseph's Hospital	Omaha	J. Kelly, Sr.	18,520	30	2,107	144	1	3	210
Nebraska Methodist Hospital [1-2-221]	Omaha	H. B. Hunt	12,907	124	5,976	1,002	1	2	300
University of Nebraska Hospital [1-2]	Omaha	H. B. Hunt	14,062	74	1,906	297	2	4	175
Veterans Admin. Hospital [1-2]	Omaha	H. B. Salchek	20,674	2	1,860	42	1	3	....
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	L. K. Sycamore	30,892	91	3,159	341	2	6	218
Our Lady of Lourdes Hospital	Camden, N. J.		.....	.....	.....	.....	..	..	..
Veterans Admin. Hospital [1-2]	East Orange, N. J.	J. R. Nahon	23,837	.....	2,662	32	1	3	....
Hackensack Hospital [1-2]	Hackensack, N. J.	E. J. Ryan	13,420	10	2,304	218	1	3	150
Morristown Memorial Hospital [1-2]	Morristown, N. J.	F. Reed, Jr.	13,478	8	2,178	245	1	1	250
Newark Beth Israel Hospital [1-2]	Newark, N. J.	N. J. Furst	14,391	45	4,434	171	1	3	100
Albany Hospital [1-2]	Albany, N. Y.	J. F. Roach	29,639	62	8,605	.....	2	6	160
Veterans Admin. Hospital [1-2]	Albany, N. Y.	H. Thomas	34,758	.....	2,123	30	1	3	....
Beth-El Hospital [1-2-275]	Brooklyn, N. Y.	M. Dannenberg	17,394	71	6,953	.....	1	3	125
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	J. H. Wentworth	27,329	41	3,401	210	1	3	200
Cumberland Hospital [1-2-288]	Brooklyn, N. Y.	E. Mendelson	22,063	2	441	90	1	2	104
Jewish Hospital [1-2]	Brooklyn, N. Y.	S. Schwartz	28,338	47	7,222	.....	2	5	100
Kings County Hospital Center	Brooklyn, N. Y.	H. Z. Mellus	143,478	255	21,255	1,062	3	10	104
Long Island College Hospital [1-2]	Brooklyn, N. Y.	R. L. Plinck	17,406	30	2,173	30	2	4	156
Methodist Hospital [1-2]	Brooklyn, N. Y.	N. F. Bartone	18,147	19	1,552	72	1	2	175
Veterans Admin. Hospital [1-2-283]	Brooklyn, N. Y.	W. Schlein	28,323	.....	3,991	118	2	2	....
Buffalo General Hospital [1-2]	Buffalo	G. J. Culver	26,779	85	8,221	.....	1	4	175
Deaconess Hospital [1-2]	Buffalo	R. Seibel	13,591	29	1,498	97	1	1	300
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	E. G. Eschner	38,160	22	803	557	2	6	248
Millard Fillmore Hospital [1-2]	Buffalo	E. H. Schnap	27,436	.....	1,782	382	1	3	285
Roswell Park Memorial Institute [1-2-249]	Buffalo	F. Lessman W. T. Murphy	32,448	658	56,152	3,716	7	13	300
Veterans Admin. Hospital [1-2]	Buffalo	S. Flachs	23,486	.....	2,437	87	1	2	....
Flushing Hospital and Dispensary [1-2-253]	Flushing, N. Y.	M. Pomeranz	10,415	25	758	44	1	3	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	H. R. Zatzkin	32,567	32	10,654	606	2	4	225
Queens General Hospital [1-2]	Jamaica, N. Y.	A. V. Shapiro- L. B. Goldman	59,427	74	5,857	1,114	2	6	105
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	B. D. Jay	22,137	15	2,007	396	1	2	225
Long Island Jewish Hospital [1-2-257]	New Hyde Park, N. Y.	B. S. Epstein	16,189	.....	967	49	1	3	75
Bellevue Hospital Center									
Div III—New York University College of Medicine	New York City	M. Poppel	180,961	189	6,830	1,377	3	11	74
Beth Israel Hospital [1-2-210]	New York City	A. Goffen	16,072	10	2,974	4	2	4	140
Bronx Hospital [1-2]	New York City	A. J. Bernstein-J. R. Freid	17,720	9	2,493	150	1	2	100
Bronx Municipal Hospital Center [1-2]	New York City	M. Elkin	36,069	2	512	4	4	12	105
Francis Delafield Hospital [1-2]	New York City	W. Seaman	10,172	16	18,169	633	2	9	105
Hospital for Joint Diseases [1-2-274]	New York City	M. M. Pomeranz	26,595	20	7,571	136	1	3	80
Lenox Hill Hospital [1-2]	New York City	F. H. Ghiselin	22,582	9	3,286	68	1	3	240
Lincoln Hospital [1-2]	New York City	R. Feig	37,755	9	672	65	1	2	105
Memorial Center for Cancer and Allied Diseases	New York City	R. S. Sherman-J. J. Nickson	73,187	714	48,986	.....	2	26	150
James Ewing Hospital [1-2]	New York City		.....	.....	.....	.....	..	..	..
Memorial Hospital [1-2]	New York City		.....	.....	.....	.....	..	..	....
Montefiore Hospital [1-2]	New York City	H. G. Jacobson	51,146	18	16,284	1,438	3	9	187
Mount Sinai Hospital [1-2]	New York City	B. S. Wolf	44,214	91	6,953	.....	2	6	75
New York Hospital [1-2]	New York City	J. A. Evans	87,047	8,581	9,313	732	6	16	104
New York Medical College—Metropolitan Medical Center		F. J. Borrelli	.....	.....	.....	.....	..	10	....
# Flower and Fifth Avenue Hospitals	New York City		41,960	33	1,202	272	1	3	....
# Metropolitan Hospital [1-2]	New York City		56,059	18	10,137	3,039	2	4	104
New York Polyclinic Medical School and Hospital [1-2]	New York City	W. H. Shehadi	10,345	28	1,262	421	1	2	198
New York University—Bellevue Medical Center									
University Hospital	New York City	M. Poppel	18,455	260	1,911	2,054	2	4	83
Presbyterian Hospital [1]	New York City	W. B. Seaman	124,828	108	18,542	3,255	4	12	250
Roosevelt Hospital [1-2]	New York City	A. A. Dunn	48,797	4,155	2,771	197	2	6	138
St. Luke's Hospital	New York City	H. F. Hempel	40,903	10	5,098	.....	2	6	100
St. Vincent's Hospital [1-2]	New York City	F. F. Ruzicka, Jr.	35,566	21	3,774	399	2	4	125
Veterans Admin. Hospital [1-2]	New York City (Bronx)	J. Stein-B. Roswit	64,495	202	11,485	1,224	3	11	....
Genesee Hospital [1-2]	Rochester, N. Y.	G. J. Baron	24,521	20	3,283	386	1	1	240
Rochester General Hospital [1-2]	Rochester, N. Y.	E. F. Merrill	24,801	74	5,163	1,190	1	3	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	A. V. Winchell	19,497	138	74	713	1	3	200
Strong Memorial-Rochester Municipal Hospitals [1-2]	Rochester, N. Y.	G. H. Ramsey	32,693	270	2,298	306	3	9	117
State University of New York Upstate Medical Center									
Hospitals [1-2]	Syracuse, N. Y.	C. Hale	35,860	130	5,198	901	2	6	288
Veterans Admin. Hospital	Syracuse, N. Y.		15,870	1,016	50	6	..	..	....
Grasslands Hospital [1-2]	Valhalla, N. Y.	A. G. Debbie	20,442	12	2,046	909	1	3	175
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	E. H. Wood	36,074	90	2,075	75	2	6	186
Duke University Affiliated Hospitals			.....	.....	.....	.....	..	..	....
# Duke Hospital [1-2]	Durham, N. C.	R. J. Reeves	69,646	225	6,141	488	5	15	104
Veterans Admin. Hospital	Durham, N. C.		.....	.....	.....	.....	..	..	....
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	I. Meschan	3,164	21	3,104	150	2	6	125
Bismarck Hospital [1]	Bismarck, N. D.	H. M. Berg	28,694	112	2,889	816	1	3	300

Numerical and other references will be found on pages 556 through 559.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Monthly)
Akron General Hospital [1]	Akron, Ohio	C. J. Miller	25,002	13	3,666	171	1	3	250
Akron City Hospital [1-3]	Akron, Ohio	F. T. Moore	50,516	58	7,945	277	1	4	250
Mercy Hospital [1-3]	Canton, Ohio	T. J. Dodd	26,178	34	3,178	.....	1	3	200
University of Cincinnati College of Medicine Hospital Group									
Cincinnati General Hospital [1-3]	Cincinnati	B. Felson	49,328	.....	5,043	489	4	13	85
Good Samaritan Hospital [1-3]	Cincinnati	J. E. McCarthy	29,000	55	4,068	32	1	2	250
Jewish Hospital [1-3]	Cincinnati	L. Rosenberg	23,445	87	2,070	334	1	3	145
City Hospital [1-3]	Cleveland	H. Hauser	33,729	18	3,430	1,506	3	9	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	C. R. Hughes	90,673	31	7,237	229	3	12	175
Huron Road Hospital [1-3]	Cleveland	W. D. Heinrich	36,804	54	2,291	399	1	3	210
Mount Sinai Hospital [1-3]	Cleveland	H. A. Mahrer	26,958	21	3,857	.....	1	3	215
St. Luke's Hospital [1-3]	Cleveland	D. D. Brannan	36,324	54	4,427	491	1	3	140
St. Vincent Charity Hospital [1-3]	Cleveland	E. J. O'Malley	22,061	14	1,290	.....	1	3	225
University Hospitals [1-3]	Cleveland	H. L. Friedell	62,255	37	7,092	269	2	6	125
Veterans Admin. Hospital [1-3]	Cleveland	M. D. Sachs	35,192	14	2,343	88	1	3	...
Ohio State University Hospitals									
University Hospital [1-3-316]	Columbus, Ohio	S. W. Nelson	53,123	230	13,465	673	5	15	177
Miami Valley Hospital [1-3]	Dayton, Ohio	G. A. Nicoll	27,125	71	2,797	.....	1	3	200
Veterans Admin. Hospital [1-3]	Dayton, Ohio	H. Plaut	24,677	2	1,108	43	1	1	...
Elyria Memorial Hospital [1-3]	Elyria, Ohio	D. A. Russell	9,540	19	555	112	..	1	270
St. Joseph's Hospital [1]	Lorain, Ohio	D. Russell	19,506	3,114	214	27	1	3	300
Mercy Hospital [1-3]	Toledo, Ohio	M. M. Thompson	16,388	29	711	.....	1	2	275
Youngstown Hospital [1-3]	Youngstown, Ohio	E. C. Baker	29,507	26	7,560	2,218	1	3	175
University of Oklahoma Affiliated Hospitals									
University Hospital [1-3]	Oklahoma City	P. E. Russo	35,558	97	11,741	1,445	2	6	...
Wesley Hospital [1]	Oklahoma City	E. H. Kalmon	13,656	38	3,101	40	1	3	250
Veterans Admin. Hospital [1-3-325]	Oklahoma City	S. M. Glasser	34,019	3	2,634	389	1	3	...
St. John's Hospital [1-3]	Tulsa, Okla.	L. M. Pascucci	11,314	.....	1,595	140	1	1	175
Providence Hospital [1-3]	Portland, Ore.	S. Rees	14,724	35	1,382	.....	1	3	275
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	C. T. Dotter	32,978	17	1,965	.....	2	6	100
Abington Memorial Hospital [1-3]	Abington, Pa.	C. H. Sillars	24,397	46	3,563	.....	1	3	150
Sacred Heart Hospital [1-3]	Allentown, Pa.	K. W. Taber-C. L. Mengel	12,111	336	3,443	679	1	3	225
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	R. M. Harvey	23,237	75	3,004	557	1	3	200
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	J. L. Williams	26,377	45	1,623	4,320	1	4	175
Thomas M. Fitzgerald Mercy Hospital [1-3]	Darby, Pa.	B. P. Widmann	16,633	103	2,151	.....	1	3	100
Hamot Hospital [1-3]	Erie, Pa.	R. D. Bacon	20,083	2,042	157	68	1	3	225
St. Vincent's Hospital [1-3]	Erie, Pa.	R. Bacon	17,763	11	1,182	45	1	2	200
Albert Einstein Medical Center									
Northern Division [1-3]	Philadelphia	J. Gershon-Cohen	27,177	88	7,456	811	2	6	150
Southern Division [1-3]	Philadelphia	H. Isard	29,452	39	2,853	.....	1	3	150
Chester County Hospital [1]	West Chester, Pa.	J. Gershon-Cohen	3,453	6	269	612	1	1	150
Chestnut Hill Hospital [1]	Philadelphia, Pa.	R. P. Barden	9,453	16	1,866	254	1	2	250
Episcopal Hospital [1-3]	Philadelphia	H. Fisher	24,610	33	1,995	221	1	1	150
Germantown Dispensary and Hospital [1-3]	Philadelphia	B. R. Young	26,094	52	5,498	867	1	3	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Finkelstein	22,169	17	3,222	314	5	10	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. S. Lehman	32,869	291	3,119	135	2	6	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	E. P. Pendergrass	171,958	165	15,067	3,467	6	24	...
Children's Hospital	Philadelphia	.....	.....	.....	.....	.....	.....	.....	...
Jeanes Hospital [1-3]	Philadelphia	E. P. Pendergrass	5,554	10	783	110	1	1	300
Jefferson Medical College Hospital [1-3]	Philadelphia	R. L. Nichols	50,728	163	4,185	179	2	2	150
Nazareth Hospital [1]	Philadelphia	J. S. Fetter	19,191	30	2,109	394	1	3	200
Pennsylvania Hospital [1-3]	Philadelphia	P. A. Bishop	30,801	2,808	2,702	300	2	2	100
Philadelphia General Hospital [1]	Philadelphia	B. Widmann	130,023	653	9,712	210	4	12	121
Presbyterian Hospital [1-3]	Philadelphia	E. L. Lamb	12,986	50	2,967	.....	1	3	150
Temple University Hospital [1-3]	Philadelphia	H. M. Stauffer-R. Robbins	38,780	37	6,363	129	6	18	...
Veterans Admin. Hospital [1-3]	Philadelphia	G. T. Wohl	28,319	21	2,590	555	1	6	...
Allegheny General Hospital [1]	Pittsburgh	T. B. Childs	29,424	24	1,454	1,430	1	4	200
Mercy Hospital [1-3]	Pittsburgh	C. R. Perryman	39,779	40	16,232	.....	2	6	235
Montefiore Hospital [1-3-325]	Pittsburgh	H. W. Friedman	17,060	.....	2,889	286	1	2	225
Health Center Hospitals of the University of Pittsburgh									
School of Medicine	Pittsburgh	.....	58,657	32	3,288	34	3	10	125
Children's Hospital		B. Girdany	.....	.....	.....	.....	..	..	...
Elizabeth Steel Magee Hospital		C. Stasler	.....	.....	.....	.....	..	..	...
Presbyterian Hospital		E. C. Lasser	.....	.....	.....	.....	..	..	...
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	G. Alexander	30,686	19	2,072	.....	2	3	200
Veterans Admin. Hospital [1-3]	Pittsburgh	S. Lewis	24,048	85	6,700	115	1	3	...
Western Pennsylvania Hospital [1-3]	Pittsburgh	D. H. Rice-L. S. Sherman	29,308	59	3,429	310	1	2	225
Reading Hospital [1-3]	Reading, Pa.	.....	15,252	8	5,864	.....	2	6	225
Robert Packer Hospital [1-3]	Sayre, Pa.	J. T. Littleton	23,256	20	4,022	457	2	4	200
Rhode Island Hospital [1-3]	Providence, R. I.	L. A. Martineau	35,496	21	1,856	294	1	3	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	H. S. Pettit	27,251	59	4,598	35	2	4	137
Spartanburg General Hospital [1]	Spartanburg, S. C.	H. E. Plenge	39,320	35	3,232	448	1	1	200
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	C. W. Reavis	25,780	34	3,373	167	2	2	225
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	J. E. Whitelaw-Heather	27,374	319	3,076	127	1	4	200
City of Memphis Hospitals [1-3]	Memphis, Tenn.	C. Heacock	40,407	54	5,538	189	2	6	125
Methodist Hospital	Memphis, Tenn.	J. C. King	26,525	50	5,334	453	2	6	150
Veterans Admin. Hospital [1-3-344]	Memphis, Tenn.	B. E. Greenberg	61,686	7	6,939	219	1	4	...
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	F. Tadelon, Jr.	9,217	24	1,746	86	1	3	125
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. C. Francis	28,591	86	2,668	146	3	7	50
Veterans Admin. Hospital [1]	Nashville, Tenn.	D. E. Sherman	20,884	.....	2,694	282	1	3	...
Baylor University Hospital [1-3]	Dallas, Texas	J. E. Miller	28,409	91	9,449	.....	1	4	160
Parkland Memorial Hospital [1-3]	Dallas, Texas	F. J. Bonte	40,681	57	2,939	837	2	6	150
St. Paul's Hospital [1-3]	Dallas, Texas	G. D. Carlson	14,887	41	1,469	35	1	3	125
Veterans Admin. Hospital [1-3-348]	Dallas, Texas	B. K. Lovell	18,150	43	2,690	156	2	7	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	R. N. Cooley	65,712	135	6,846	.....	3	9	160
Baylor University College of Medicine Affiliated Hospitals		V. P. Collins	.....	.....	.....	.....	4	12	...
Jefferson Davis Hospital [1-3-354]	Houston, Texas	V. P. Collins	58,960	53	1,999	300	2	8	75
Methodist Hospital [1-3]	Houston, Texas	C. H. Burge	20,835	10	2,004	.....	..	2	100
Veterans Admin. Hospital [1-3]	Houston, Texas	H. L. Barton	41,029	27	5,286	152	1	4	...
Hermann Hospital [1-3-351-352]	Houston, Texas	L. M. Vaughan	46,498	39	4,941	354	1	3	100
St. Joseph's Hospital [2-352]	Houston, Texas	C. W. Yates	22,388	14	2,921	55	1	1	220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-3-357]	Houston, Texas	G. A. Fletcher	19,523	553	33,881	1,348	3	12	150
Veterans Admin. Hospital [1-3-361]	McKinney, Texas	B. K. Lovell	23,232	10	2,160	191	1	3	...
University of Texas Postgraduate Medical School Affiliated Hospitals		H. S. Wigodsky	.....	.....	.....	.....	3	9	...
Baptist Memorial Hospital [1-3]	San Antonio, Texas	E. F. Lyon, Jr.	13,149	67	1,342	71	1	2	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	B. B. Markette	35,697	31	1,688	148	1	2	150
Santa Rosa Hospital [1-3]	San Antonio, Texas	J. J. Wiesner	19,860	149	1,827	214	1	3	250

Numerical and other references will be found on pages 556 through 559.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
Scott and White Memorial Hospitals [1-8]	Temple, Texas	A. W. Sommer	39,941	81	5,353	582	1	3	300
University of Utah Affiliated Hospitals		W. Christensen	.....	.....	.....	.....	..	7	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-8]	Salt Lake City	E. Crowder	10,027	.....	640	25	1	3	225
Holy Cross Hospital [1-8]	Salt Lake City	R. R. Meyer	8,051	9	1,769	.....	..	..	275
St. Mark's Hospital [1-8]	Salt Lake City	H. P. Plenk	.....	.....	.....	.....	1	1	175
SaltLake General Hospital [1]	Salt Lake City	W. Christensen	17,419	21	4,333	258	3	9	150
Veterans Admin. Hospital [8]	Salt Lake City	D. W. Stowell	10,241	.....	.....	.....	1	3	...
University of Vermont Affiliated Hospitals		A. B. Soule, Jr.	.....	.....	.....	.....	2	5	...
De Goesbriand Memorial Hospital [1-8]	Burlington, Vt.	F. W. Van Buskirk	12,319	.....	1,090	51	1	3	180
Mary Fletcher Hospital [1-8-71]	Burlington, Vt.	A. B. Soule, Jr.	16,653	109	4,732	181	1	3	167
University of Virginia Hospital [1-8]	Charlottesville, Va.	V. W. Archer	48,188	.....	6,224	311	2	6	50
Norfolk General Hospital [1-8]	Norfolk, Va.	J. Foster	16,779	27	3,208	.....	1	2	200
De Paul Hospital [1-8]	Norfolk, Va.	C. P. Wisoff	15,028	41	2,732	99	1	4	200
Medical College of Virginia—Hospital Division [1-8]	Richmond, Va.	F. B. Mandeville	43,374	196	4,527	503	1	5	75
Veterans Admin. Hospital [1-8-278]	Richmond, Va.	H. Goodman	25,626	6	3,001	107	1	3	...
Providence Hospital [1-8]	Seattle	E. A. Addington	16,650	.....	557	122	1	2	250
Virginia Mason Hospital [1-8]	Seattle	T. Carlile	31,402	40	3,083	1,089	1	3	150
University Hospitals [1-8]	Madison, Wis.	M. T. Harris	18,730	48	109	38	2	2	250
Sacred Heart Hospital [8]	Spokane, Wash.	E. Pohle	46,281	70	7,499	87	4	8	100
Columbia Hospital [1-3-377]	Milwaukee	S. A. Morton	22,386	78	4,053	.....	1	1	245
Milwaukee County Hospital [1-8]	Milwaukee	J. L. Marks-M. Greenberg	51,491	45	5,361	447	2	6	207
Milwaukee Hospital [1-8]	Milwaukee	H. W. Hefke	64,774	147	9,653	.....	1	3	245
St. Joseph's Hospital [1-8]	Milwaukee	G. W. Sempiel	24,488	58	3,988	350	1	3	280
St. Luke's Hospital [1-8]	Milwaukee	H. H. Wright	14,549	30	4,428	200	1	2	275
Veterans Admin. Hospital [1-8]	Milwaukee (Wood), Wis.	T. J. Pfeffer	39,579	21	9,426	111	1	3	...
San Juan City Hospital [1-8]	San Juan, P. R.	J. L. Becerra	16,923	18	3,088	.....	1	2	300
Veterans Admin. Hospital [1-8]	San Juan, P. R.	L. Ehrlich	9,805	.....	.....	.....	1	2	...

26. SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.

Hospitals, 307; Assistant Residencies and Residencies, 4,063

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital	San Antonio, Texas	D. S. Wenger	3,796	18	6	15	...
UNITED STATES ARMY							
Letterman Army Hospital [1-8]	San Francisco	J. Graham	1,210	17	3	12	...
Fitzsimons Army Hospital [1]	Denver	C. S. Lyter	681	5	2	8	...
Army Medical Center [1-8]	Washington, D. C.	J. H. Forsee	1,164	25	4	16	...
Brooke Army Hospital [1-8]	San Antonio, Texas	W. W. Nichol	2,021	39	4	16	...
Tripler Army Hospital [1]	Honolulu, T. H.	W. F. Bowers	8,567	29	3	12	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-8]	Oakland, Calif.	M. L. Gerber	2,711	21	2	8	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. M. Hunner	2,953	31	3	12	...
U. S. Naval Hospital [1-8]	Bethesda, Md.	R. B. Brown	1,876	..	2	8	...
U. S. Naval Hospital [1]	Chelsea, Mass.	L. L. Haynes	2,397	10	1	4	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	R. N. Grant	1,636	32	2	8	...
U. S. Naval Hospital [1]	Philadelphia	P. J. McNamara	2,275	35	2	8	...
U. S. Naval Hospital [1-8]	Portsmouth, Va.	J. J. Zuska	4,382	22	3	10	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital	San Francisco	W. A. Williamson	3,025	21	1	4	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-8]	Washington, D. C.	B. Syphax	1,156	27	3	11	218
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-8]	Birmingham, Ala.	C. Lyons	6,360	50	14	36	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	R. A. Dillard	634	23	5	13	...
Lloyd Noland Hospital [1-8]	Fairfield, Ala.	J. M. Slaughter	2,146	16	2	6	225
Maricopa County General Hospital [1-8]	Phoenix, Ariz.	M. Wood	658	20	2	7	300
University Hospital [1]	Little Rock, Ark.	M. H. Crowdon	1,783	25	4	14	150
Veterans Admin. Hospital [1-8-55]	Little Rock, Ark.	R. J. Lipin	2,707	64	2	8	...
San Joaquin General Hospital [1]	French Camp, Calif.	W. Brock	907	26	2	7	260
General Hospital of Fresno County [1-8-77]	Fresno, Calif.	R. J. Rife	1,282	39	2	6	300
Veterans Admin. Hospital [1-8-52]	Long Beach, Calif.	H. J. Movius	1,969	44	5	14	...
Cedars of Lebanon Hospital [1-8]	Los Angeles	D. State	2,425	15	3	9	250
Los Angeles County Hospital [1]	Los Angeles	C. J. Berne	4,649	192	3	12	246
University of California Hospital [1-8]	Los Angeles	W. P. Longmire, Jr.	954	16	8	16	198
Veterans Admin. Hospital [1-8-62]	Los Angeles	J. S. Clarke	3,240	132	10	24	...
White Memorial Hospital [1-8]	Los Angeles	A. I. Kugel	1,202	18	1	4	150
Highland-Alameda County Hospital [1-70]	Oakland, Calif.	E. M. Taylor	1,927	44	8	16	200
Kaiser Foundation Hospital [1-8]	Oakland, Calif.	A. L. Baritell	2,105	35	4	10	365
San Diego County General Hospital [1-8]	San Diego, Calif.	G. C. Franklin	1,054	50	4	10	175
Mount Zion Hospital [1-8]	San Francisco	A. L. Brown	1,546	17	3	7	150
San Francisco Hospital							
Stanford University Service [1-8]	San Francisco	C. Mathewson	1,463	45	1	8	195
University of California Service	San Francisco	O. F. Grimes	1,441	54	5	7	195
Stanford University Hospitals [1-8]	San Francisco	V. Richards	1,492	33	5	13	80
University of California Hospital [1-8]	San Francisco	L. Goldman	1,574	46	4	14	210
Veterans Admin. Hospital [1-8-79]	San Francisco	L. G. Brizzolara	1,456	39	4	13	...
Santa Clara County Hospital [1-8]	San Jose, Calif.	J. D. Lamon, Jr.	811	44	2	7	260
Santa Barbara General Hospital [1-8]	Santa Barbara, Calif.	R. J. Rhorer	265	5	..	..	...
Harbor General Hospital [1]	Torrance, Calif.	L. Cowley	1,514	65	4	14	246
St. Joseph's Hospital	Denver	S. B. Childs	2,144	16	3	6	200
University of Colorado Medical Center							
Colorado General Hospital [1-8]	Denver	H. Swan	1,267	54	4	17	180
Denver General Hospital [1-8]	Denver	D. Watkins	1,431	84	..	..	157

Numerical and other references will be found on pages 556 through 559.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [3]	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3-98]	Denver	B. Eisenman	2,075	62	5	19	...
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	W. Curley, Jr.	6,689	48	2	8	300
Hartford Hospital [1-3-76]	Hartford, Conn.	W. A. Standish	5,584	61	9	24	100
New Britain General Hospital [1-3]	New Britain, Conn.	B. B. Clark	5,235	51	1	4	210
Grace-New Haven Community Hospital [1-3-97]	New Haven, Conn.	G. E. Lindskog-C. C. Bishop	3,845	76	6	23	50
Veterans Admin. Hospital [1-3]	Newington, Conn.	P. W. Fenney	1,258	15	6	13	...
Waterbury Hospital [1-3]	Waterbury, Conn.	A. E. Herrmann	4,565	64	1	4	225
Veterans Admin. Hospital [1-3-101]	West Haven, Conn.	W. W. Lindenmuth	1,824	38	..	7	...
Delaware Hospital [1-3]	Wilmington, Del.	D. J. Preston	3,336	74	2	5	220
Memorial Hospital [1-3]	Wilmington, Del.	J. C. Pierson	3,458	49	1	4	225
District of Columbia General Hospital [1-3]	Washington, D. C.	B. Blades-R. Coffey	1,442	53	2	8	233
Georgetown University Hospital [1-3]	Washington, D. C.	R. J. Coffey	3,717	56	6	20	175
George Washington University Hospital [1-3]	Washington, D. C.	B. Blades	6,717	35	4	11	150
Providence Hospital [1-3]	Washington, D. C.	P. Caulfield	1,830	8	2	8	350
Veterans Admin. Hospital [1-3-109]	Washington, D. C.	J. G. Lee	1,753	35	4	10	...
Washington Hospital Center							
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	C. D. Briggs	3,680	32	4	12	225
Garfield Memorial Hospital [1-3]	Washington, D. C.	W. W. Chase	2,471	29	..	..	215
Veterans Admin. Hospital [1]	Coral Gables, Fla.	M. H. Todd	2,475	88	4	14	...
Duval Medical Center [1-3]	Jacksonville, Fla.	K. A. Morris	2,693	57	4	10	150
St. Vincent's Hospital [1-3-111]	Jacksonville, Fla.	F. Waas	4,312	35	2	8	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	J. J. Farrell	4,678	83	7	18	75
Grady Memorial Hospital [1-3]	Atlanta, Ga.	I. A. Ferguson	4,434	120	12	29	100
Piedmont Hospital [1]	Atlanta, Ga.	F. W. McRae	2,026	11	1	4	235
Veterans Admin. Hospital [1-3]	Atlanta, Ga.	J. C. Thorpoughman	1,834	36	5	17	...
Medical College of Georgia Medical Center							
Eugene Talmadge Memorial Hospital [1]	Augusta, Ga.	W. Moretz	228	14	6	20	250
University Hospital [1]	Augusta, Ga.	J. Sherman	2,357	18	5	16	200
Veterans Admin. Hospital [1-3]	Augusta, Ga.	C. M. Rhode	1,100	27	1	3	...
Emory University Hospital [1-3]	Emory University, Ga.	J. D. Martin, Jr.	5,706	37	6	7	235
Cook County Hospital [1-3]	Chicago	K. A. Meyer	13,410	199	8	30	100
Michael Reese Hospital	Chicago	N. Cruhan	3,829	33	3	9	100
Mount Sinai Hospital [1-3]	Chicago	E. I. Greene	3,930	29	2	7	125
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-3]	Chicago	W. Maddock	2,808	21	4	7	125
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	1,869	11	3	6	50
Veterans Admin. Research Hospital [1]	Chicago	F. W. Preston	2,280	66	3	9	...
Evanston Hospital [1-3]	Evanston, Ill.	(See Listing of Evanston Hospital in Following Section.)					
Presbyterian Hospital [1-3]	Chicago	E. J. Beattie, Jr.	2,818	41	4	12	125
St. Luke's Hospital [1-3]	Chicago	B. C. Kilbourne	2,103	45	4	12	125
University of Chicago Clinics [1-3]	Chicago	L. R. Dragstedt	3,075	127	4	16	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	W. H. Cole	1,899	84	4	13	125
St. Francis Hospital [1]	Evanston, Ill.	D. P. Slaughter	3,404	37	2	8	175
Veterans Admin. Hospital [1-121-122]	Hines, Ill.	C. B. Puestow	3,065	74	11	48	...
Indianapolis General Hospital [1]	Indianapolis	J. L. Leffel	1,665	30	4	16	205
Indiana University Medical Center Affiliated Hospitals							
Indiana University Medical Center Hospital [1]	Indianapolis	H. B. Shumacker, Jr.	1,127	70	5	14	165
Veterans Admin. Hospital [1-3]	Indianapolis	L. R. Radigan	1,185	75	1	3	...
Iowa Methodist Hospital [1-3-125]	Des Moines, Iowa	R. A. Dorner	5,071	44	2	8	175
Veterans Admin. Hospital [1-3-120]	Des Moines, Iowa	L. T. Palumbo	2,956	39	4	16	...
State University of Iowa Hospitals [1-3]	Iowa City	R. T. Tidrick	3,009	165	8	22	140
Veterans Admin. Hospital [1-3]	Iowa City	E. S. Brintnall	1 871	58	6	12	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	F. Allbritten, Jr.	1,267	53	6	20	225
Veterans Admin. Hospital [1]	Kansas City, Mo.	G. A. Higgins	1,523	27	..	..	...
Veterans Admin. Hospital [1-2-132]	Wadsworth, Kan.	J. E. Hirsch	582	29	3	8	...
Louisville General Hospital [1-2-142]	Louisville, Ky.	R. J. Noer	1,573	41	6	19	83
Veterans Admin. Hospital [1-3-144]	Louisville, Ky.	J. E. Hamilton	1,161	55	4	14	...
St. Joseph Infirmary [1-3]	Louisville, Ky.	R. Moore, Jr.	7,077	150	4	10	210
Charity Hospital of Louisiana							
Independent Unit [1]	New Orleans	L. J. O'Neil	2,232	38	3	11	100
Louisiana State University Unit [1-14]	New Orleans	A. D. Rives	3,780	89	6	22	100
Tulane University Unit [1]	New Orleans	O. Creech	3,476	56	6	22	100
Veterans Admin. Hospital [1-3]	New Orleans	L. K. Richardson	1,610	59	6	12	...
Confederate Memorial Medical Center [1]	Shreveport, La.	P. D. Abramson	3,153	55	6	16	125
Maine Medical Center [1-3]	Portland, Maine	J. M. Parker	1,907	37	2	8	125
Baltimore City Hospital [1-3]	Baltimore	M. M. Rowitch	1,001	53	6	19	50
Church Home and Hospital [1-3]	Baltimore	O. C. Brantigan	3,478	44	3	10	200
Franklin Square Hospital [1-3]	Baltimore	H. E. Wilgis	2,825	24	2	5	225
Johns Hopkins Hospital [1-3]	Baltimore	A. Blalock	4,177	80	3	11	150
Maryland General Hospital [1-3]	Baltimore	M. M. Cator	5,579	58	3	9	225
Mercy Hospital [1-3]	Baltimore	D. J. Pessagno	3,228	37	2	6	275
Sinai Hospital [1-3]	Baltimore	A. M. Seligman	2,784	39	6	13	110
Union Memorial Hospital [1]	Baltimore	E. S. Stafford	5,379	67	4	8	215
University Hospital [1-3]	Baltimore	R. W. Buxton	3,302	39	3	21	75
Veterans Admin. Hospital [1-3-159]	Fort Howard, Md.	J. M. Miller	1,156	20	4	10	...
Veterans Admin. Hospital [1-3]	Perry Point, Md.	R. T. Shackelford	1,076	21	1	4	...
Beth Israel Hospital [1-3-168]	Boston	J. Fine	2,479	31	6	14	58
Boston City Hospital [1-3]	Boston				24	69	112
I Surgical Service		C. G. Child, III	2,379	48	..	..	...
III Surgical Service		J. J. Byrne	2,373	64	..	..	...
V Surgical Service		J. E. Dunphy	2,314	60	..	..	...
Carney Hospital [1-3-166]	Boston	J. J. Todd	5,844	61	5	14	150
Massachusetts General Hospital [1-3]	Boston	E. D. Churchill	7,914	..	3	26	67
Massachusetts Memorial Hospitals [1-3-171]	Boston	R. H. Smithwick	1,791	27	6	20	100
New England Center Hospital [1-3-188]	Boston	A. A. Thibodeau	1,685	22	5	14	100
Peter Bent Brigham Hospital [1-3-186-188]	Boston	F. D. Moore	3,357	95	6	20	25
St. Elizabeth's Hospital [1-3-166]	Boston	J. W. Spellman	5,338	42	2	8	125
Veterans Admin. Hospital [1-3-179]	Boston (Jamaica Plain)	H. H. Faxon	2,788	64	8	24	...
Cambridge City Hospital [1-3]	Cambridge, Mass	J. B. Vernaglia	2,008	51	1	4	160
Springfield Hospital [1-3]	Springfield, Mass.	W. F. Hoyt	6,684	79	6	14	100
Memorial Hospital [1-3]	Worcester, Mass.	R. C. Wheeler	5,746	58	2	6	200
St. Vincent Hospital [1-3]	Worcester, Mass.	J. C. McCann	7,057	56	4	9	...
Worcester City Hospital [1-3]	Worcester, Mass.	J. Maroney	2,058	46	2	6	215
St. Joseph Mercy Hospital	Ann Arbor, Mich.	E. T. Thieme	1,612	13	4	7	275
University Hospital [1-3]	Ann Arbor, Mich.	F. A. Coller	2,764	93	22	51	154
Veterans Admin. Hospital [1-3-131]	Dearborn, Mich.	C. G. Johnston	2,136	83	8	24	...
Detroit Memorial Hospital [1-3]	Detroit	J. Mark	4,740	82	1	4	275
Grace Hospital [1-3]	Detroit	R. P. Reynolds	8,116	44	4	16	275
Harper Hospital [1-3-159]	Detroit	E. A. Oslus	3,490	37	12	21	225
Henry Ford Hospital [1-3]	Detroit	L. S. Fallis	7,367	195	22	64	225
Receiving Hospital [1-3]	Detroit	C. G. Johnston	4,816	156	10	42	289
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	L. E. Lee Jr.	3,321	99	4	14	316
Hurley Hospital [1-3]	Flint, Mich.	G. J. Curry	5,144	68	2	6	325
Blodgett Memorial Hospital	Grand Rapids, Mich.	W. R. Torgerson	1,849	31	1	4	275
Butterworth Hospital [1-3]	Grand Rapids, Mich.	W. McDougal	3,059	39	2	7	300

Numerical and other references will be found on pages 556 through 559.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipend (Months)
Highland Park General Hospital [1]	Highland Park, Mich.	J. A. Witter	1,610	9	2	8	308
Minneapolis General Hospital [1-3]	Minneapolis	C. H. Hitchcock	1,093	77	6	14	200
University of Minnesota Hospitals [1-3-208]	Minneapolis	O. H. Wangensteen	1,854	98	9	29	185
Veterans Admin. Hospital [1-3-212]	Minneapolis	D. J. Ferguson	1,753	62	9	22	...
Mayo Foundation and Clinic [1-3]	Rochester, Minn.	J. M. Waugh	11,287	143	36	128	175
Ancker Hospital [1-3]	St. Paul, Minn.	J. M. Culligan	2,082	81	2	8	185
University Hospital [1-3]	Jackson, Miss.	J. D. Hardy	997	31	6	20	250
University of Missouri Medical Center	Columbia, Mo.	H. E. Stephenson, Jr.	472	17	8	20	...
Kansas City General Hospital No. 1	Kansas City, Mo.	R. R. Coffey	997	30	2	8	200
Barnes Hospital [1-3]	St. Louis	C. A. Moyer	3,076	76	27	30	50
Homer G. Phillips Hospital [1-3]	St. Louis	C. A. Moyer	3,166	53	8	22	201
Jewish Hospital [1-3]	St. Louis	M. D. Pareira	3,655	26	3	10	100
Missouri Pacific Hospital [3]	St. Louis	R. A. Weir	1,923	32	6	12	200
St. Louis City Hospital [1-3]	St. Louis	C. A. McAfee-L. V. Mulligan	2,774	85	4	15	92
St. Luke's Hospital [1-3]	St. Louis	C. E. Lischer	3,048	39	2	7	250
St. Mary's Group of Hospitals [1-3]	St. Louis	C. R. Hanlon	3,094	58	4	13	100
Veterans Admin. Hospital [1-3]	St. Louis	...	...	...	...	...	...
St. Louis University School of Medicine Service		W. J. Burdette	1,328	49	2	8	...
Washington University School of Medicine Service	St. Louis	F. B. Hershey	1,130	43	2	8	...
Creighton Memorial-St. Joseph's Hospital	Omaha	H. H. McCarthy	5,463	46	3	12	210
University of Nebraska Hospital [1-3-222]	Omaha	M. M. Musselman	678	31	2	8	175
Veterans Admin. Hospital [1-3]	Omaha	W. F. Kleitsch	1,694	43	2	8	...
Dartmouth Medical School Affiliated Hospitals		...	3,808	43	5	18	218
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Weismann	..	..	..	..	...
Veterans Admin. Hospital [1-3]	White River Jct., Vt.	W. B. Crandall	.....	..	..	..	...
Veterans Admin. Hospital [1-3-229]	Albuquerque, N. Mex.	W. A. Childs	1,591	26	4	14	...
Newark Beth Israel Hospital [1-3]	Newark, N. J.	H. Reich	6,373	41	1	4	100
Albany Hospital [1-3]	Albany, N. Y.	C. Eckert	3,396	81	4	10	160
Veterans Admin. Hospital [1-3]	Albany, N. Y.	J. A. Nelson	2,003	41	4	14	...
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	K. H. MacGregor	4,039	31	4	10	175
Coney Island Hospital	Brooklyn, N. Y.	J. E. Hemmett	2,441	51	2	8	105
Jewish Hospital [1-3]	Brooklyn, N. Y.	L. Berger	3,165	28	4	10	100
Kings County Hospital							
Division I [1-3]	Brooklyn, N. Y.	J. F. Rayeroft	4,093	78	5	14	104
Division II [1-3]	Brooklyn, N. Y.	C. Dennis	3,827	86	5	14	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	E. J. Browder	2,400	22	2	5	156
Maimonides Hospital [1-3]	Brooklyn, N. Y.	A. Hurwitz	2,703	29	5	9	75
Methodist Hospital [1-3-225]	Brooklyn, N. Y.	A. J. Vosseler	2,052	19	2	5	175
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	M. H. Le Veen	1,410	31	6	17	...
Wyckoff Heights Hospital [1-3-234]	Brooklyn, N. Y.	P. Zoller	2,686	30	3	12	100
Allied Hospitals of the Sisters of Charity [1-3]	Buffalo	F. Zaepfel	10,866	101	2	8	235
Buffalo General Hospital [1-3-243]	Buffalo	J. R. Paine	3,346	70	3	14	175
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	J. D. Stewart	1,843	60	3	12	248
Millard Fillmore Hospital [1-3]	Buffalo	H. N. Harkewell	4,614	56	5	11	285
Veterans Admin. Hospital [1-3-250]	Buffalo	W. M. Chardack	1,731	56	4	14	...
Mary Imogene Bassett Hospital [1-3-256]	Cooperstown, N. Y.	J. H. Powers	1,224	23	2	5	150
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	J. N. Shell	1,705	69	3	12	225
Queens Hospital Center [1-3]	Jamaica, N. Y.	L. J. Mosch	3,333	134	3	10	71
Nassau Hospital [1-3]	Mineola, N. Y.	W. C. Freese	2,734	33	2	8	318
Long Island Jewish Hospital [1-3]	New Hyde Park, N. Y.	P. E. Lear	3,248	43	1	4	75
Bellevue Hospital Center							
Div. I—Columbia University [1-3-258]	New York City	K. M. Lewis, Sr.	1,679	16	6	13	105
Div. II—Cornell University [1-3-258]	New York City	C. W. Holman	1,601	27	4	14	105
Div. III—New York University College of Medicine [264]	New York City	J. H. Mulholland	2,710	28	8	18	105
Div. IV—New York University Post-Graduate Medical School [268]	New York City	J. W. Hinton	2,054	31	13	54	105
Beth Israel Hospital [1-3-274]	New York City	L. Ginzburg	2,664	21	1	4	140
Bronx Hospital [1-3]	New York City	R. Friedlander	2,763	14	4	10	60
Bronx Municipal Hospital Center [1-3]	New York City	C. B. Ripstein	901	55	6	20	105
Harlem Hospital [1-3]	New York City	A. N. Maynard	1,105	15	4	12	71
Knickerbocker Hospital [1-3]	New York City	P. D. Allen	2,413	22	3	7	125
Lenox Hill Hospital [1-3]	New York City	H. C. Maier	3,279	42	2	8	180
Lincoln Hospital [1-3]	New York City	F. H. Amendola	2,961	16	4	10	105
Montefiore Hospital [1-3]	New York City	E. S. Hurwitt	3,579	69	4	11	187
Mount Sinai Hospital [1-3]	New York City	I. D. Baronofsky	4,431	80	10	17	75
New York Hospital [1-3]	New York City	F. Glenn	4,118	89	7	30	164
New York Medical College-Metropolitan Medical Center							
Flower and Fifth Avenue Hospitals	New York City	J. M. Winfield	4,500	35	6	7	...
Metropolitan Hospital [1-3]	New York City	J. M. Winfield	1,544	37	2	8	104
New York Polyclinic Medical School and Hospital [1-3]	New York City	R. E. Brenenan	3,678	32	3	12	125
Presbyterian Hospital [1]	New York City	G. H. Humphreys	4,604	41	8	29	250
Roosevelt Hospital [1-3]	New York City	...	3,746	58	6	18	133
St. Clare's Hospital [1-3]	New York City	J. L. Madden	3,855	44	2	8	200
St. Luke's Hospital	New York City	H. A. Zintel	3,798	82	6	15	100
St. Vincent's Hospital [1-3]	New York City	L. M. Rousselot	6,822	87	6	17	125
Veterans Admin. Hospital [1-3-278]	New York City (Bronx)	P. Cooper	1,769	42	4	13	...
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	W. F. MacFee	2,026	66	6	24	...
Genesee Hospital [1-3]	Rochester, N. Y.	E. Douglas	3,644	53	2	7	240
Rochester General Hospital [1-3]	Rochester, N. Y.	G. R. Bodon	3,697	44	3	10	125
St. Mary's Hospital [1-3]	Rochester, N. Y.	N. J. Pfaff	5,256	39	1	2	200
Strong Memorial-Rochester Municipal Hospitals [1-3-285]	Rochester, N. Y.	W. J. M. Scott	3,172	134	8	25	117
State University of New York Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	C. B. Mueller	10,665	172	10	24	233
Veterans Admin. Hospital [1-3]	Syracuse, N. Y.	L. S. Rozers	1,332	42	3	7	...
Grasslands Hospital [1-3]	Valhalla, N. Y.	G. C. Adie	707	44	1	5	175
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	N. A. Womack	1,010	29	7	20	156
Duke University Hospital [1-3-300]	Durham, N. C.	D. Hart	1,980	16	12	27	127
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	H. H. Bradshaw	2,191	28	5	18	125
Akron City Hospital [1-3-301]	Akron, Ohio	S. A. Schlueter	4,180	59	4	12	250
Akron General Hospital [1-301]	Akron, Ohio	R. T. Allison	5,720	98	4	14	250
St. Thomas Hospital [1-3]	Akron, Ohio	A. H. Kyriakides	3,383	36	3	8	250
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital	Cincinnati	W. A. Altemeier	2,525	86	8	30	75
St. Mary's Hospital [1-3]	Cincinnati	J. D. Mansfield	1,301	11	1	4	250
City Hospital [1-3]	Cleveland	F. A. Simeone	1,667	54	9	21	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	G. Crile, Jr.	1,149	19	10	21	175
Huron Road Hospital [1-3]	Cleveland	L. A. Steinhilber	4,614	39	2	7	210
Mount Sinai Hospital [1-3]	Cleveland	S. O. Freedlander	2,516	33	4	10	215
St. Alexis Hospital [1-3]	Cleveland	C. R. Lulenski	6,080	76	4	11	250
St. Luke's Hospital [1-3]	Cleveland	F. S. Cross	4,079	43	2	8	140
St. Vincent Charity Hospital [1-3]	Cleveland	F. Vecchio	6,711	88	4	12	210
University Hospitals [1-3]	Cleveland	W. D. Holden	4,773	60	9	32	125
Veterans Admin. Hospital [1-3]	Cleveland	C. L. Cogbill	1,891	39	8	16	...

Numerical and other references will be found on pages 556 through 559.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Beginning (Month)
Ohio State University Hospitals							
University Hospital [1-3-312]	Columbus, Ohio	R. M. Zollinger	3,527	102	6	18	177
White Cross Hospital [1-3-315]	Columbus, Ohio	R. Patton	2,971	25	2	5	290
Veterans Admin. Hospital [1-3]	Dayton, Ohio	C. C. Burton	2,098	78	6	24	...
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. K. Herald	1,886	14	4	9	300
Youngstown Hospital [1-3]	Youngstown, Ohio	W. K. Allsop	10,720	79	2	6	175
University of Oklahoma Hospitals [1-3-322]	Oklahoma City	J. A. Schilling	1,281	21	4	16	...
Veterans Admin. Hospital [1-3-324]	Oklahoma City	F. A. Quenzer	1,783	68	4	11	...
St. Vincent's Hospital [1-3-320]	Portland, Ore.	A. M. Boyden	6,747	45	2	8	275
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	W. K. Livingston	1,483	65	2	8	100
Veterans Admin. Hospital [1-3]	Portland, Ore.	R. A. Wise	1,501	21	5	15	...
Abington Memorial Hospital [1-3]	Abington, Pa.	C. M. Smyth	2,375	40	1	4	150
Allentown Hospital [1-3]	Allentown, Pa.	R. L. Schaeffer	2,872	54	1	3	225
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	F. R. Robbins	3,726	50	2	5	200
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	H. L. Foss	1,991	33	1	4	175
Hamot Hospital [1-3]	Erie, Pa.	B. Goldman	5,792	52	1	4	225
Harrisburg Hospital	Harrisburg, Pa.	C. E. Moore	5,260	34	2	5	250
Germantown Dispensary and Hospital [1-3-338]	Philadelphia	S. D. Weeder	2,443	51	1	4	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. R. Hawthorne	1,308	17	4	8	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	W. L. Martin	2,337	102	3	12	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	I. S. Ravdin	4,824	117	10	29	150
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	L. K. Ferguson	1,719	16	2	5	110
Jefferson Medical College Hospital [1-3]	Philadelphia	J. H. Gibbon, Jr.	3,115	48	8	19	100
Lankenau Hospital [1-3]	Philadelphia	J. M. Deaver-G. C. Engel	2,216	17	2	8	200
Misericordia Hospital [1]	Philadelphia	W. D. O'Sullivan	2,161	59	1	4	250
Pennsylvania Hospital [1-3]	Philadelphia	J. W. Baker	1,848	67	12	12	95
Temple University Hospital [1-3-334]	Philadelphia	W. E. Burnett	2,227	54	3	12	...
Veterans Admin. Hospital [1-3]	Philadelphia	W. G. Nichols, Jr.	3,436	66	3	12	...
Allegheny General Hospital [1]	Pittsburgh	J. A. Heberling	1,744	14	1	4	200
Mercy Hospital [1-3]	Pittsburgh	H. G. Kuehner	3,582	29	4	16	235
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh		3,570	51	4	12	125
Presbyterian Hospital		S. P. Harbison	..	..	..	..	...
Veterans Admin. Hospital [1-3]	Pittsburgh	F. C. Jackson	1,784	60	7	19	...
Western Pennsylvania Hospital [1-3]	Pittsburgh	G. V. Foster	9,591	92	3	11	225
Robert Packer Hospital [1-3]	Sayre, Pa.	D. Guthrie	3,755	38	2	6	200
York Hospital	York, Pa.	F. M. Weaver	6,233	50	1	4	225
Rhode Island Hospital [1-3]	Providence, R. I.	J. M. Beardsley	4,748	68	2	8	100
Veterans Admin. Hospital [1-3-342]	Providence, R. I.	H. W. Harrower	2,332	31	4	12	...
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	F. E. Kredel	2,435	86	4	14	137
Greenville General Hospital [1-3]	Greenville, S. C.	R. Thomason	5,797	75	1	4	250
Baptist Memorial Hospital [1-3-344]	Memphis, Tenn.	R. M. Miles	9,310	59	2	7	260
City of Memphis Hospitals [1-3]	Memphis, Tenn.	H. Wilson	2,221	42	3	13	125
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	R. F. Bowers	3,264	49	11	23	...
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	M. Walker	1,797	30	3	13	125
Nashville General Hospital [1-3]	Nashville, Tenn.	J. F. Noel	1,584	37	3	9	200
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. W. Scott, Jr.	2,921	31	4	14	50
Veterans Admin. Hospital [1]	Nashville, Tenn.	R. I. Carlson	2,823	44	3	19	...
Baylor University Hospital [1-3]	Dallas, Texas	J. W. Duckett	3,496	24	3	9	160
Parkland Memorial Hospital [1-3]	Dallas, Texas	B. Wilson	2,230	65	9	25	125
Veterans Admin. Hospital [1-3-350]	Dallas, Texas	J. P. North	1,360	22	5	14	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	R. M. Moore	1,445	16	6	18	160
Baylor University College of Medicine Affiliated Hospitals Jefferson Davis Hospital [1-3]	Houston, Texas	M. E. DeBakey	1,903	49	6	20	75
Methodist Hospital [1-3]	Houston, Texas	L. L. D. Tuttle	2,045	49	1	4	100
Veterans Admin. Hospital [1-3]	Houston, Texas	G. L. Jordan, Jr.	1,213	63	6	15	...
Hermann Hospital [1-3]	Houston, Texas	G. W. Waldron	5,549	53	2	8	100
Veterans Admin. Hospital [1-3]	McKinney, Texas	J. P. North	1,184	18	..	3	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	V. L. Rees	5,565	37	2	8	225
Salt Lake County General Hospital [1]	Salt Lake City	R. C. Richards	1,068	16	3	12	150
Veterans Admin. Hospital [1-3-368]	Salt Lake City	J. A. Gubler	376	14	2	9	...
University of Vermont Affiliated Hospitals De Goesbriand Memorial Hospital [1-3]	Burlington, Vt.	A. A. Gladstone	959	17	1	3	180
Mary Fletcher Hospital [1-3]	Burlington, Vt.	A. G. Mackay	2,219	37	2	8	167
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. H. Muller, Jr.	2,116	33	7	17	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. M. Emmett	3,030	24	4	10	200
Norfolk General Hospital [1-3]	Norfolk, Va.	R. L. Payne, Jr.	2,855	29	4	8	125
Medical College of Virginia—Hospital Division [1-3-378]	Richmond, Va.	D. M. Hume	4,901	76	7	23	...
Veterans Admin. Hospital [1-3]	Richmond, Va.	R. F. MacDonald	2,067	31	2	8	...
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	H. N. Harkins	1,750	93	4	12	125
Veterans Admin. Hospital [1-3]	Seattle	J. W. Bell	1,311	66	..	13	...
Virginia Mason Hospital [1-3]	Seattle	J. W. Baker	4,833	60	3	11	150
University Hospitals [1-3]	Madison, Wis.	E. R. Schmidt	2,434	94	4	16	100
Milwaukee County Hospital [1-3]	Milwaukee	J. M. King	2,564	93	8	20	207
Milwaukee Hospital [1-3-375-376]	Milwaukee	I. Schulz	4,296	37	1	6	245
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	M. B. Smith	2,894	86	3	15	...
San Juan City Hospital [1-3]	San Juan, P. R.	J. N. Benitez	2,371	37	2	8	300

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate.

Hospitals, 202; Assistant Residencies and Residencies, 1219

UNITED STATES ARMY							
William Beaumont Army Hospital	El Paso, Texas	R. T. Gants	2,192	10	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Great Lakes, Ill.	H. H. Eighmy	2,025	3	1	3	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-3]	New Orleans	J. L. Elliott	3,412	15	1	3	...
U. S. Public Health Service Hospital [1-3]	Baltimore	H. D. Fishburn	2,929	55	2	6	...
U. S. Public Health Service Hospital [1]	Boston	F. W. Love	3,782	12	1	3	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	J. D. Lane	2,556	32	4	10	...
U. S. Public Health Service Hospital [1-3]	Seattle	J. D. Lane, Jr.	2,387	14	1	4	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	C. N. Carraway-B. M. Carraway	1,002	10	2	6	250
Mobile County Hospital [1-3]	Mobile, Ala.	E. B. Frazier	2,219	51	2	4	300
Veterans Admin. Hospital [1-3-51]	Tuskegee, Ala.	A. G. Yancey	1,053	23	3	8	...

Numerical and other references will be found on pages 556 through 559.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Salary ($/Month)
Kern County General Hospital [1]	Bakersfield, Calif.	C. P. Marvin	1,309	70	4	9	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	L. E. Brown	2,769	25	1	3	175
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	J. Janzen	3,916	28	1	3	...
California Hospital [1-3-50]	Los Angeles	W. H. Olds	2,606	21	7	19	150
Hospital of the Good Samaritan [3]	Los Angeles	K. W. Blake	3,140	12	2	6	225
Queen of Angels Hospital [1-3]	Los Angeles	J. F. Regan	9,783	78	1	4	200
St. Vincent's Hospital [3]	Los Angeles	L. C. Bennett	4,391	16	1	3	250
Mercy Hospital [1-3]	San Diego, Calif.	J. J. O'Hara	2,959	24	1	3	200
St. Joseph's Hospital [1-3]	San Francisco	T. P. Schonmaker	2,427	10	1	3	300
St. Luke's Hospital [1-3]	San Francisco	O. Pflueger	2,895	23	1	5	200
St. Mary's Hospital [1-3]	San Francisco	T. J. Whalen	2,148	7	3	9	150
Southern Pacific General Hospital [1-3]	San Francisco	V. M. Strange	2,460	15	4	9	175
Mercy Hospital [1-3]	Denver	R. E. Grossman	5,007	28	2	4	250
Presbyterian Hospital [1-3]	Denver	K. C. Sawyer	1,863	13	2	4	225
St. Luke's Hospital [1-84]	Denver	G. Wollgast	7,190	55	2	6	225
Bridgeport Hospital [1-3]	Bridgeport, Conn.	I. L. Harshbarger	4,557	40	1	4	240
St. Francis Hospital [1-3]	Hartford, Conn.	L. A. St. John	4,194	54	2	6	125
Hospital of St. Raphael [1]	New Haven, Conn.	O. Pelliccia	2,414	39	4	11	150
St. Mary's Hospital	Waterbury, Conn.	F. C. LaBreeque	2,465	35	2	5	225
Doctors Hospital [1-3]	Washington, D. C.	C. S. White	4,534	35	1	3	150
Mount Sinai Hospital of Greater Miami [1-3]	Miami Beach, Fla.	R. M. Fleming	4,613	17	2	4	250
Tampa General Hospital [1-3]	Tampa, Fla.	W. C. Myers, Jr.	4,284	69	1	3	250
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	C. E. Holloway	4,938	29	6	10	285
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	W. S. Dorough	8,923	16	2	7	305
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	D. Shepard	4,355	36	3	7	270
American Hospital [1-3]	Chicago	M. Thorek [5] Thorek	2,236	34	5	7	65
Augustana Hospital [1-3]	Chicago	W. H. Browne	3,431	42	3	6	150
Grant Hospital [1]	Chicago	C. K. Solander	1,176	12	1	2	225
Illinois Central Hospital [1-3]	Chicago	C. C. Guy	3,602	39	1	3	256
Illinois Masonic Hospital [1-3]	Chicago	F. Shaluach	1,588	21	1	8	115
Mercy Hospital [1-3-117]	Chicago	H. A. Oberhelman	2,220	66	4	10	200
Provident Hospital [1-3]	Chicago	C. W. Phillips	1,901	21	1	3	200
St. Joseph Hospital [1-3]	Chicago	F. B. McCarty	2,614	32	1	3	300
St. Mary of Nazareth Hospital [1-3]	Chicago	E. H. Warszewski	2,978	23	3	6	150
Veterans Admin. West Side Hospital [1-3-152]	Chicago	M. I. Gibbel	1,908	52	6	17	...
Evanston Hospital [1-3]	Evanston, Ill.	J. M. Dorsey	2,202	35	1	3	225
St. Francis Hospital [1-3]	Peoria, Ill.	C. D. Branch	4,501	32	1	3	225
Clinic Hospital [1-3-124]	Buffalo, Iowa	H. D. Caylor	672	7	1	3	200
Methodist Hospital [1]	Indianapolis	J. E. Owen	6,740	90	2	6	278
St. Vincent's Hospital [1-3]	Indianapolis	W. D. Gatch	1,385	17	1	3	275
St. Margaret's Hospital	Kansas City, Kan.	M. V. Laing	5,334	79	1	3	300
St. Francis Hospital [1]	Wichita, Kan.	J. W. Graves	2,716	29	2	6	275
St. Joseph Hospital [1-3]	Lexington, Ky.	F. M. Massie	1,632	36	3	7	210
Ochsner Foundation Hospital [1-150]	New Orleans	A. Ochsner	1,261	19	7	21	225
Southern Baptist Hospital [1-3]	New Orleans	W. Becker	5,921	...	1	4	225
Touro Infirmary [1]	New Orleans	L. H. Strug	23,769	40	2	6	125
Lutheran Hospital [1-3]	Baltimore	W. E. Gilmore	2,493	15	2	6	220
Provident Hospital and Free Dispensary [3]	Baltimore	R. L. Jackson	1,073	6	3	6	200
St. Joseph's Hospital [3]	Baltimore	O. C. Brantigan	4,146	38	2	6	225
South Baltimore General Hospital [1-3]	Baltimore	G. H. Yeager	2,732	17	4	8	200
Prince George's General Hospital [1-3]	Cheverly, Md.	S. Schwartzbach	5,114	43	2	6	200
Beverly Hospital [1-3]	Beverly, Mass.	R. E. Alt	2,990	41	2	5	150
Mount Auburn Hospital [1-3]	Cambridge, Mass.	J. Tartakoff	3,557	46	1	3	125
Malden Hospital [1-3]	Malden, Mass.	W. E. Garrey	2,758	23	3	6	200
Newton-Wellesley Hospital [1-3-105]	Newton-Lower Falls, Mass.	R. I. Smith	3,637	30	1	3	200
Quincy City Hospital [1-3]	Quincy, Mass.	J. M. McGowan	2,402	32	1	4	163
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	S. B. Winslow	2,232	20	1	3	275
Alexander Blain Hospital [1-3]	Detroit	A. W. Blain, III	1,447	7	2	5	325
Mount Carmel Mercy Hospital [1-3]	Detroit	T. A. Boutrous	10,283	74	4	13	275
Providence Hospital [1]	Detroit	W. G. Quigley	6,854	36	1	3	275
St. John Hospital [1-3]	Detroit	C. J. France	843	...	1	3	275
St. Joseph Mercy Hospital [1]	Detroit	L. B. Saraf	2,091	9	1	3	310
Sinai Hospital [1-3]	Detroit	M. P. Meyers	3,467	35	2	6	275
McLaren General Hospital [1]	Flint, Mich.	E. P. Vary	6,492	33	2	5	325
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	F. Gillett	4,704	26	2	4	250
Bronson Methodist Hospital [1]	Kalamazoo, Mich.	R. A. Scholten	2,853	48	1	4	200
Pontiac General Hospital [1-3]	Pontiac, Mich.	R. W. Bullard, Jr.	4,737	48	3	3	325
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	C. G. Darling	1,987	17	2	6	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	H. M. Bishop	3,315	52	1	3	345
Mount Sinai Hospital [1-3]	Minneapolis	A. Kremen	1,473	18	1	3	200
St. Barnabas Hospital [1-3]	Minneapolis	W. G. Schaefer-M. J. Stewart	3,881	10	2	2	285
Mayo Foundation [1-3]	Rochester, Minn.	J. M. Waugh	11,287	143	36	128	175
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	B. G. Lannin	2,481	42	1	3	225
Mercy Hospital-Street Memorial [1]	Vicksburg, Miss.	G. H. Martin	2,277	21	1	3	225
Vicksburg Hospital [1]	Vicksburg, Miss.	W. H. Parsons	3,234	22	2	2	50
St. Louis County Hospital [1-3]	Clayton, Mo.		411	33	2	6	225
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	R. E. Allen	823	19	2	6	200
St. Joseph Hospital	Kansas City, Mo.	V. T. Williams-J. A. Growdon	4,778	38	1	3	250
St. Luke's Hospital [1-3-216]	Kansas City, Mo.	L. S. Brown	4,938	45	2	5	225
St. Mary's Hospital [1-3]	Kansas City, Mo.	J. H. O'Neil	5,531	31	1	3	275
Missouri Baptist Hospital [1-3-219]	St. Louis	A. R. Dalton	2,216	24	2	8	175
St. John's Hospital [1-3]	St. Louis	G. T. Gaitney	3,017	49	3	6	200
Veterans Admin. Hospital [1-3-219]	Lincoln, Neb.	B. R. Waske	1,918	24	2	6	...
Atlantity City Hospital [1-3]	Atlantic City, N. J.	J. H. Mason, III	4,491	47	1	3	200
Cooper Hospital [1-3]	Camden, N. J.	E. R. Ristine	2,462	37	1	3	200
West Jersey Hospital [1-3]	Camden, N. J.	K. Athey	5,431	19	1	3	225
Veterans Admin. Hospital [1-3]	East Orange, N. J.	A. Levy	827	103	3	14	...
Jersey City Medical Center [1-3]	Jersey City, N. J.	E. J. Halligan	5,835	91	8	27	108
Burlington County Hospital [1-3]	Mount Holly, N. J.	T. J. Summey	1,749	42	1	3	100
Harrison S. Martland Medical Center [1-3]	Newark, N. J.	C. MacArthur	1,248	11	3	9	162
Saint Barnabas Medical Center [1]	Newark, N. J.	H. A. Schulte	1,715	23	...	3	150
Orange Memorial Hospital [1-3]	Orange, N. J.	C. H. Evans	4,019	34	1	3	150
St. Francis Hospital [1-3]	Trenton, N. J.	L. S. Sica	6,414	111	2	5	210
St. Peter's Hospital [1-3]	Albany, N. Y.		...	...	...	...	...
Beth-El Hospital [1-3]	Brooklyn, N. Y.	H. Neuhof	2,748	21	3	6	125
Cumberland Hospital [1-3-284]	Brooklyn, N. Y.	J. J. Gainey	2,148	14	4	8	104
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	S. Schussheim	2,037	16	2	6	105
Lutheran Medical Center [1-3]	Brooklyn, N. Y.	R. P. San Filippo	2,306	26	1	3	135
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	J. A. McCabe	3,509	15	1	4	125
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	C. Dennis	2,462	20	1	3	175
St. Mary's Hospital [1-3]	Brooklyn, N. Y.	J. Rizzo	1,542	20	1	3	200
Deaconess Hospital [1-3]	Buffalo	E. T. McGroder	4,512	27	2	6	300
Clifton Springs Sanitarium and Clinic [1-3]	Clifton Springs, N. Y.	R. M. Price	1,571	13	1	3	150
Elmhurst General Hospital [1-3-17-295]	Elmhurst, N. Y.	W. M. Weeden	2,218	40	2	6	104

Numerical and other references will be found on pages 556 through 559.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Flushing Hospital and Dispensary [1-2-258]	Flushing, N. Y.	C. N. Baker	4,689	22	1	4	175
Jamaica Hospital [1-2-258]	Jamaica, N. Y.	E. J. Patterson	....	..	1	4	200
Mary Immaculate Hospital [1-2-258]	Jamaica, N. Y.	V. Juster	2,073	13	4	10	160
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	D. D. Smith	3,715	25	3	9	225
Mount Vernon Hospital [1-3]	Mount Vernon, N. Y.	J. Bagg	2,162	19	1	3	125
New Rochelle Hospital [1-3]	New Rochelle, N. Y.	G. C. Adle	6,835	23	1	3	225
Fordham Hospital [1-3]	New York City	H. H. Janes	2,467	45	2	6	104
42nd Street Beth David Hospital	New York City	L. Breidenbach	2,654	20	1	3	125
French Hospital [1-3]	New York City	H. B. Keyes	2,041	32	1	4	50
Morrisania City Hospital [1-3]	New York City	R. J. Azzari	1,191	25	2	6	104
St. Francis Hospital [1-3]	New York City	C. R. Ackerman-T. McCarthy	2,173	14	2	4	125
Sydenham Hospital [1-3]	New York City	S. Standard	1,749	2	3	4	105
Highland Hospital	Rochester, N. Y.	T. B. Garlick	4,443	31	2	5	225
Ellis Hospital [1-3]	Schenectady, N. Y.	S. F. MacMillan	6,068	89	3	7	150
White Plains Hospital [1-3]	White Plains, N. Y.	E. G. Ramsdell	3,501	42	1	3	....
Charlotte Memorial Hospital [1]	Charlotte, N. C.	A. G. Brenizer, Jr.	2,041	14	1	4	250
Lincoln Hospital [1-3]	Durham, N. C.	H. M. Schiebel	738	8	1	2	200
Rex Hospital [1]	Raleigh, N. C.	J. Rhodes	2,421	21	1	3	350
City Memorial Hospital [1-3]	Winston-Salem, N. C.	H. M. Starling	4,049	22	1	3	300
Aultman Hospital [1-3]	Canton, Ohio	W. R. Farrar	6,343	53	6	12	275
Mercy Hospital [1-3]	Canton, Ohio	L. B. Schumaker	3,733	51	4	15	200
Christ Hospital [1]	Cincinnati	E. A. Kindel	2,470	27	2	5	200
Good Samaritan Hospital [1-3-803]	Cincinnati	E. J. Bender	2,210	13	3	9	250
Jewish Hospital [1-3-803]	Cincinnati	A. Grollman	6,154	56	5	12	145
Evangelical Deaconess Hospital [1-3]	Cleveland	J. H. Lazzari	2,888	5	1	3	150
Lutheran Hospital [1-3]	Cleveland	M. M. Driver	3,927	38	2	6	250
St. John's Hospital	Cleveland	J. E. Hannibal	1,646	5	2	6	170
Mount Carmel Hospital [1]	Columbus, Ohio	W. H. Teachnor	5,919	48	1	3	275
Miami Valley Hospital [1-3]	Dayton, Ohio	M. T. Hoerner	3,522	25	2	6	200
Marymount Hospital [1-3]	Garfield Heights, Ohio	W. E. Mishler	2,680	7	3	6	200
Lakewood Hospital [1-3]	Lakewood, Ohio	N. W. Thiessen	4,495	28	4	9	200
St. Rita's Hospital [1-3]	Lima, Ohio	C. H. Leech	5,574	30	1	4	325
Maumee Valley Hospital [1-3]	Toledo, Ohio	R. Hotz	655	31	2	4	216
Mercy Hospital [1-3]	Toledo, Ohio	H. L. Hauman	5,443	46	1	4	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	B. G. Shaffer	5,789	54	2	5	275
St. Anthony Hospital	Oklahoma City	L. J. Starry	3,500	34	1	3	250
Hillcrest Medical Center [1-3]	Tulsa, Okla.	C. Allen	2,829	12	1	3	150
St. John's Hospital [1-3]	Tulsa, Okla.	T. J. Hardman	2,021	21	2	6	175
Sacred Heart Hospital [1-3]	Allentown, Pa.	C. A. Holland	5,132	57	2	4	225
St. Luke's Hospital [1-3]	Bethlehem, Pa.	D. P. Walker	4,002	58	5	5	275
St. Vincent's Hospital [1-3]	Erie, Pa.	J. E. O'Brien	5,637	52	1	3	200
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	W. K. McBride	5,250	45	3	6	300
St. Joseph's Hospital [1]	Lancaster, Pa.	J. L. Atlee, Jr.	4,592	36	1	3	200
Albert Einstein Medical Center							
Northern Division [1-3]	Philadelphia	R. Goldsmith	3,460	52	4	11	150
Southern Division [1-3]	Philadelphia	A. Ulin	1,674	8	2	4	150
Episcopal Hospital [1-3]	Philadelphia	J. W. Klopp	1,914	29	2	6	150
Methodist Episcopal Hospital [1-3]	Philadelphia	G. Willauer	2,219	13	1	3	150
Philadelphia General Hospital [1-3]	Philadelphia	W. Erb	2,636	126	3	7	121
Presbyterian Hospital [1-3]	Philadelphia	F. A. Bothe	2,476	59	2	6	150
Woman's Hospital [1-3]	Philadelphia	C. Smyth	1,308	4	2	2	175
Montefiore Hospital [1-3]	Pittsburgh	....	4,828	54	1	3	225
St. Francis General Hospital and Rehabilitation Institute [1-3]	Pittsburgh	H. E. Feather	4,619	25	1	4	200
Reading Hospital [1-3]	Reading, Pa.	C. B. Rentschler	1,606	22	1	3	225
St. Joseph's Hospital [1-3]	Reading, Pa.	R. R. Impink	1,034	24	1	3	250
Williamsport Hospital [1-3]	Williamsport, Pa.	F. E. Sanford	2,609	26	1	3	225
Columbia Hospital of Richland County [1-3]	Columbia, S. C.	G. T. McCutchen	2,790	33	1	3	175
Veterans Admin. Hospital	Columbia, S. C.	K. M. Lippert	807	12	2	5	....
Spartanburg General Hospital [1]	Spartanburg, S. C.	C. B. Hanna	7,239	36	2	3	200
Sacred Heart Hospital [1]	Yankton, S. Dak.	C. B. McVay	4,011	3	1	3	300
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	G. J. Vlasis	2,495	19	8	14	225
Methodist Hospital	Memphis, Tenn.	J. M. Aste	7,169	35	2	6	150
St. Joseph Hospital [1-3-846]	Memphis, Tenn.	W. H. Gragg, Jr.	1,458	10	1	4	250
Baptist Hospital [1-3]	Nashville, Tenn.	R. G. Hammonds	4,874	..	4	10	175
St. Thomas Hospital [1-3]	Nashville, Tenn.	W. R. Cate, Jr.	5,325	24	2	6	300
Brackenridge Hospital [1]	Austin, Texas	R. Ross	1,747	19	1	4	200
Methodist Hospital [1-3]	Dallas, Texas	B. E. Park	3,102	17	2	6	200
St. Joseph's Hospital [1-3-855]	Houston, Texas	J. P. Barnes	1,876	10	2	5	220
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	A. W. Hartman	2,493	57	4	10	150
Scott and White Memorial Hospital [1-3]	Temple, Texas	T. Speed	4,264	28	3	9	250
De Paul Hospital [1-3]	Norfolk, Va.	J. Vann	3,616	31	2	5	200
Johnston Willis Hospital [1]	Richmond, Va.	F. S. Johns	1,490	15	1	3	250
Jefferson Hospital [1-3-872]	Roanoke, Va.	H. H. Trout, Jr.	1,913	13	2	4	200
Swedish Hospital [1-3]	Seattle	E. B. Speir	7,133	29	1	3	225
Beckley Hospital [1-3]	Beckley, W. Va.	H. F. Cooper	2,255	11	2	4	250
Charleston General Hospital [1-3]	Charleston, W. Va.	V. Skaff	2,902	14	2	8	225
Kanawha Valley Hospital [1]	Charleston, W. Va.	J. C. Condry	1,023	..	2	5	200
Memorial Hospital [1-3]	Charleston, W. Va.	B. Bradford, Jr.	1,719	13	2	5	250
St. Mary's Hospital [1]	Huntington, W. Va.	F. L. Coffey	2,603	18	2	4	275
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	I. Harrison	1,734	37	1	7	....
Broaddus Hospital [1-3]	Philippi, W. Va.	H. C. Myers	1,348	25	1	3	200
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	J. O. Rankin	4,138	31	3	9	300
Madison General Hospital [1-3]	Madison, Wis.	R. P. Sinaiko	1,689	10	1	4	150
Columbia Hospital [1-3-876]	Milwaukee	C. M. Schroeder	1,095	6	1	3	245
St. Joseph's Hospital [1-3]	Milwaukee	J. J. Gramling	5,802	76	2	6	280
Gorgas Hospital [1]	Ancon, Canal Zone	E. P. Shirokov	2,354	18	2	6	345
Queen's Hospital [1-3]	Honolulu, T. H.	J. E. Strode	2,743	26	2	7	150
Bayamon District Hospital [1-3]	Bayamon, P. R.	J. Beltran	1,687	86	1	3	250
Veterans Admin. Hospital [1-3]	San Juan, P. R.	L. A. Passalacqua	2,075	20	2	6	....

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for one year of training as an integral part of an approved program of four or more years' duration.

Hospitals, 24; Assistant Residencies and Residencies, 109

NONFEDERAL AND VETERANS ADMINISTRATION

Samuel Merritt Hospital [1-74]	Oakland, Calif.	A. J. Hunnicutt	3,109	22	..	2	195
Children's Hospital [1-3]	San Francisco	F. C. Bost	935	7	1	1	150
French Hospital [1-3]	San Francisco	W. L. Rogers	865	3	3	4	150
Community Hospital of San Mateo County [1]	San Mateo, Calif.	K. H. Prindle	402	12	1	4	300
Santa Barbara Cottage Hospital [1-3-81]	Santa Barbara, Calif.	L. G. Fiske	1,088	12	4	9	200
Henrotin Hospital [1-3-152]	Chicago	C. B. Puestow	1,321	3	1	1	200
Broadlawns-Polk County Hospital [1]	Des Moines, Iowa	W. H. Myerly	1,301	45	..	2	150

Numerical and other references will be found on pages 556 through 559.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Veterans Admin. Hospital [1-2]	Wichita, Kan.	A. H. Hinshaw	1,575	39	1	4	...
Lafayette Charity Hospital [1]	Lafayette, La.	J. D. Rives	1,197	19	..	3	450
Lawrence F. Quigley Memorial Hospital [1-2]	Chelsea, Mass.	A. L. Davis	914	41	..	4	255
Truesdale Hospital [1-2]	Fall River, Mass.	C. H. Hawes	2,190	18	4	4	150
Lynn Hospital [1-2]	Lynn, Mass.	C. F. Twomey	1,545	34	2	2	150
Salem Hospital [1]	Salem, Mass.	W. G. Phippen	1,278	9	..	..	200
Ellis Fischel State Cancer Hospital [1-2]	Columbia, Mo.	N. D. Rodes	1,333	50	..	6	200
Francis Delafield Hospital [1-2]	New York City	G. H. Humphreys, II	696	79	4	13	105
Goldwater Memorial Hospital [1-2-27S]	New York City	B. Shaffroff	470	10	2	8	104
Gouverneur Hospital [1-2]	New York City	L. R. Slattery	1,003	9	9	9	105
Memorial Center for Cancer and Allied Diseases	New York City	H. T. Randall	6,003	85	..	22	200
James Ewing Hospital [1-2]			....	..	..	..	...
Memorial Hospital [1-2]			....	..	..	..	...
Veterans Admin. Hospital [1-2]	Durham, N. C.	R. W. Postlethwait	824	25	..	1	...
Children's Hospital [1]	Cincinnati	W. A. Altemeier	....	..	..	..	...
Children's Hospital [1-2]	Columbus, Ohio	H. W. Clatworthy, Jr.	1,470	29	..	2	250
Easton Hospital [1-2]	Easton, Pa.	T. C. Zulick, Jr.	2,006	27	2	2	250
Lynchburg General Hospital [1-2]	Lynchburg, Va.	W. T. Pugh	1,476	16	..	2	200
Chesapeake and Ohio Hospital [1-2]	Huntington, W. Va.	J. R. Parsons	2,389	19	1	4	200

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates.

Hospitals, 14; Assistant Residencies and Residencies, 68

Children's Hospital [1-2]	Denver	H. C. Fisher	1,322	33	3	3	200
Children's Memorial Hospital [1-2]	Chicago	W. J. Potts	1,689	37	..	2	125
Children's Medical Center [1-2]	Boston	R. E. Gross	1,583	66	..	5	...
Pondville Hospital [1]	Walpole, Mass.	E. M. Daland	1,648	138	..	4	490
Westfield State Sanatorium [1-2]	Westfield, Mass.	F. S. Hopkins	776	27	..	3	490
Ellis Fischel State Cancer Hospital [1-2]	Columbia, Mo.	N. D. Rodes	1,333	50	..	6	200
Francis Delafield Hospital [1-2]	New York City	G. H. Humphreys, II	696	79	4	13	105
Memorial Center for Cancer and Allied Diseases	New York City	H. T. Randall	8,072	172	..	16	300
James Ewing Hospital [1-2]			....	..	..	..	...
Memorial Hospital [1-2]			....	..	..	..	...
Children's Hospital [1-2]	Columbus, Ohio	H. W. Clatworthy, Jr.	1,470	29	..	2	250
Children's Hospital [1-2]	Philadelphia	C. E. Koop	2,629	26	2	4	67
Children's Hospital [1-2]	Pittsburgh	W. B. Kiesewetter	1,301	29	..	2	125
University of Texas M. D. Anderson Hospital and Tumor Institute [1-2]	Houston, Texas	E. C. White	591	14	..	8	300
Children's Orthopedic Hospital [1-2]	Seattle	H. Coe	2,420	29	..	..	160

Residency programs in the following hospitals are approved by the Council as offering satisfactory training of ONE or TWO years' duration in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the lists of approved services on pages 545 through 551 (Surgical Residencies, J. A. M. A. 156-432, Sept. 25, 1954).

Hospitals, 122; Assistant Residencies and Residencies, 302

UNITED STATES AIR FORCE

U. S. Air Force Hospital [1-2]	Rantoul, Ill.	J. A. Henderson	611	1	1	1	...
U. S. Air Force Hospital [1-2]	Wichita Falls, Texas	H. M. Thomas	1,078	8	2	2	...

UNITED STATES ARMY

U. S. Army Hospital [1]	Fort Benning, Ga.	R. L. Rhea, Jr.	4,563	32	3	3	...
U. S. Army Hospital	Fort Campbell, Ky.	H. J. Grossman	5,529	8	4	4	...
Ireland Army Hospital	Fort Knox, Ky.	C. A. Owen	4,739	7	2	2	...
U. S. Army Hospital [1]	Fort Bragg, N. C.	F. E. Hagman	9,038	79	3	3	...
U. S. Army Hospital	Fort Belvoir, Va.	F. Van Wagoner	5,445	....	3	3	...
Madigan Army Hospital	Tacoma, Wash.	E. J. Doyle	1,807	2	2	2	...

NONFEDERAL

Good Samaritan Hospital [1]	Phoenix, Ariz.	D. W. Melick	3,907	27	2	2	250
St. Joseph's Hospital [1-2]	Phoenix, Ariz.	W. A. Brewer	2,433	9	1	3	300
St. Mary's Hospital and Sanatorium [1-2]	Tucson, Ariz.	D. A. Owen	6,478	36	4	4	200
Tucson Medical Center [1-2-54]	Tucson, Ariz.	F. J. Lesemann, Jr.	969	10	3	3	200
Arkansas Baptist Hospital [1]	Little Rock, Ark.	G. W. Reagan	7,876	46	1	1	250
General Hospital of Riverside County [1]	Arlington, Calif.		429	13	1	1	444
Seaside Memorial Hospital [1-2]	Long Beach, Calif.	M. C. Todd	7,201	67	5	5	235
Presbyterian Hospital-Olmstead Memorial [1-2]	Los Angeles	W. H. Snyder	6,339	40	..	1	200
Santa Fe Coast Lines Hospital, Colis P and Howard Huntington Memorial Hospital [1-2]	Pasadena, Calif.	E. B. Dewey	3,517	10	3	3	240
San Bernardino County Charity Hospital	San Bernardino, Calif.	R. Seavers	738	33	4	5	225
Mary's Help Hospital [1-2]	San Francisco	E. Carlson	1,308	10	1	2	300
St. John's Hospital [1]	Santa Monica, Calif.	J. F. Roberts	5,784	14	1	1	300
Colorado State Hospital [20]	Pueblo, Colo.	H. H. Kerr	769	61	4	7	115
Greenwich Hospital [1-2]	Greenwich, Conn.	H. P. Serrell	3,260	26	1	1	150
Hartford Municipal Hospital and Health Center [1-2]	Hartford, Conn.	C. Kelly	399	17	1	2	250
Meriden Hospital [1-2]	Meriden, Conn.	F. Giuffrida	2,091	22	2	2	200
Lawrence and Memorial Hospitals [1-2]	New London, Conn.	F. B. Hartman	4,221	22	3	3	250
Norwalk Hospital [1-2]	Norwalk, Conn.	E. C. Beck	1,614	11	2	2	195
Eastern Dispensary and Casualty Hospital [4]	Washington, D. C.	J. R. Youn	3,123	....	1	1	350
Riverside Hospital	Jacksonville, Fla.	T. M. Moseley	696	7	1	1	150
St. Luke's Hospital [1-2]	Jacksonville, Fla.	R. P. Thompson	4,957	16	2	2	300
St. Francis Hospital [1-2]	Miami Beach, Fla.	T. Jahna	1,763	7	2	2	200
Orange Memorial Hospital [1-2]	Orlando, Fla.	F. D. Gray	1,967	25	1	3	325
Mound Park Hospital [1-2]	St. Petersburg, Fla.	C. S. Franckle	1,795	25	1	1	250
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	R. B. Gottschalk	439	12	1	3	350
MacNeal Memorial Hospital [1-2]	Berwyn, Ill.	W. J. Vynalek	2,141	5	2	2	350
Englewood Hospital [1]	Chicago	J. Levenson	3,206	8	1	1	200
Hospital of St. Anthony de Padua [1-2]	Chicago	W. R. Sladek	3,750	17	2	2	250
Norwegian-American Hospital [1-2]	Chicago	I. Isoe	3,040	24	3	3	225
Ravenswood Hospital	Chicago	C. Noggle	2,854	53	2	3	100
St. Anne's Hospital [1]	Chicago	P. F. Fox	4,974	24	2	2	250
Woodlawn Hospital [1-2]	Chicago	H. P. Jenkins	1,112	6	1	1	200
Little Company of Mary Hospital	Evergreen Park, Ill.	R. Bennett	5,264	5	2	8	175
Methodist Hospital of Central Illinois [2]	Peoria, Ill.	W. H. Eastman	6,818	5	4	4	200
St. Anthony Hospital [1-2]	Rockford, Ill.	R. G. Smith	4,110	14	1	3	200
Ball Memorial Hospital [1]	Muncie, Ind.	R. C. Peacock	4,786	45	1	1	250
Mercy Hospital [1-2]	Iowa City	G. Scanlon	3,683	58	2	2	200
Wesley Hospital [1-2]	Wichita, Kan.	W. C. Bartlett	4,697	27	1	1	225

Numerical and other references will be found on pages 556 through 559.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Good Samaritan Hospital [3]	Lexington, Ky.	A. E. Grimes	2,091	18	1	1	225
Hotel Dieu [1]	New Orleans	M. Salatich	2,351	29	2	4	225
Ochsner Foundation Hospital [1]	New Orleans	A. Ochsner	1,261	19	7	7	225
Central Maine General Hospital [1]	Lewiston, Maine	W. V. Cox	3,329	40	1	1	225
Bon Secours Hospital [3]	Baltimore	S. G. Sullivan	1,214	7	1	2	260
New England Hospital [1-3]	Boston	A. Brown	1,620	5	2	2	75
Burbank Hospital [1]	Fitchburg, Mass.	F. P. Ross	3,247	40	2	3	200
Evangelical Deaconess Hospital [1-3]	Detroit	T. H. Hunt	2,056	14	1	1	307
Jennings Memorial Hospital [1-3]	Detroit	J. B. Hartzell	530	3	2	2	350
Woman's Hospital [1-3]	Detroit	J. R. Brown	3,616	20	1	3	475
Bon Secours Hospital	Grosse Pointe, Mich.	J. Blain	1,523	9	1	2	415
Borgess Hospital [1]	Kalamazoo, Mich.	J. Hammer	3,520	114	1	1	225
Edward W. Sparrow Hospital	Lansing, Mich.	S. H. Rutledge	7,168	25	1	1	425
Swedish Hospital [1-3]	Minneapolis	V. J. P. Lundquist	8,736	44	3	6	200
Menorah Medical Center [1-3]	Kansas City, Mo.	P. H. Halperin	4,426	43	3	6	200
Missouri Methodist Hospital [1]	St. Joseph, Mo.	S. C. Benson	4,672	34	3	3	225
St. Anthony's Hospital [1-3]	St. Louis	A. Repetto	3,503	19	1	1	150
St. Elizabeth Hospital [1]	Lincoln, Neb.	R. F. Mueller	4,005	25	3	3	350
Hackensack Hospital [1-3]	Hackensack, N. J.	A. I. Mader, Jr.	4,026	32	1	3	150
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	H. Kazmann	4,882	48	1	2	200
Mountainside Hospital [1-3]	Montclair, N. J.	H. Wesson	5,219	...	2	2	250
Morristown Memorial Hospital [1-3]	Morristown, N. J.	G. H. Laudig	4,414	35	1	1	250
Fitkin Memorial Hospital [1-3]	Neptune N. J.	M. Q. Hancock	2,389	16	2	2	200
Presbyterian Hospital [1-3]	Newark N. J.	H. Hantman	4,663	45	3	3	175
Columbus Hospital [3]	New York City	V. Carabba	1,688	24	1	2	125
Hospital for Joint Diseases [1-3]	New York City	P. Klingenstein	896	10	4	4	80
Jewish Memorial Hospital [1-3]	New York City	B. Sherwin	1,680	16	1	1	150
Lebanon Hospital [1-3]	New York City	H. Sherwin-C. B. Ripstein	3,199	12	1	1	100
Misericordia Hospital	New York City	M. J. Healy	2,063	26	1	2	100
Mother Cabrini Memorial Hospital [1-3]	New York City	J. P. Alvich	1,404	4	1	3	125
New York Infirmary [1-3]	New York City	L. Loseke	1,317	4	1	2	175
United Hospital [1-3]	Port Chester, N. Y.	G. O. Tremble	2,617	...	2	2	200
St. Agnes Hospital [1]	Raleigh, N. C.	G. W. Paschal	632	...	1	1	250
Kate Bitting Reynolds Memorial Hospital [1-3]	Winston-Salem, N. C.	J. M. Walker, Jr.	2,165	16	1	3	300
Bismarck Hospital [3]	Bismarck, N. Dak.	R. H. Waldschmidt	722	2	3	3	300
St. Luke's Hospital [3]	Fargo, N. Dak.	V. G. Borland	1,046	8	2	2	300
Deaconess Hospital [1-3]	Cincinnati	R. W. Good-J. Payne	3,174	10	3	3	175
Fairview Park Hospital [1-3]	Cleveland	R. J. McNamee	1,764	41	2	7	200
St. Elizabeth Hospital [1-3]	Dayton, Ohio	T. P. Rab	9,254	221	1	1	225
Mercy Hospital [1-3]	Hamilton, Ohio	W. F. Hume	2,695	24	6	6	250
Lima Memorial Hospital [1-3]	Lima, Ohio	R. R. Snowhall	5,199	29	1	3	275
Mansfield General Hospital [1-3]	Mansfield, Ohio	M. S. Reed	3,368	14	4	4	200
Flower Hospital [1]	Toledo, Ohio	W. H. Meffley	3,770	24	1	1	300
Wesley Hospital [1]	Oklahoma City	J. H. Robinson	1,384	11	2	2	250
Emanuel Hospital [1-3]	Portland, Ore.	J. W. Bassett	8,487	44	1	2	275
Good Samaritan Hospital [1-3]	Portland, Ore.	J. Raaf	9,411	...	3	3	275
Providence Hospital [1-3]	Portland, Ore.	J. C. Adams	6,703	79	1	4	275
Bradford Hospital [1-3]	Bradford, Pa.	S. A. McCutcheon	888	5	..	2	250
Hazleton State Hospital [1-3]	Hazleton, Pa.	J. P. H. Kettrick	2,627	14	3	4	417
Frankford Hospital [1-3]	Philadelphia	O. P. Large	1,954	15	1	3	250
St. Joseph's Hospital [1-3]	Philadelphia	J. A. Lehman	3,044	15	2	2	300
St. Mary's Hospital [1-3]	Philadelphia	P. McCarthy	989	13	2	2	250
St. Margaret Memorial Hospital [1-3]	Pittsburgh	J. R. Watson	1,297	12	1	1	300
Mercy Hospital [1-3]	Wilkes-Barre, Pa.	M. Sindaco	2,406	7	1	1	250
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.	P. J. Morgan	2,782	15	2	2	225
Columbia Hospital [1-3]	Wilkinsburg, Pa.	W. B. Hetzel	3,915	29	2	2	500
Memorial Hospital [1-3]	Chattanooga, Tenn.	F. B. Graham, III	1,599	6	4	4	250
Newell Hospital [3]	Chattanooga, Tenn.	E. T. Newell, Jr.	2,076	27	3	3	400
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	C. L. Chumley	3,329	22	2	2	250
Harris Hospital [1-3]	Fort Worth, Texas	A. F. Kauffmann	6,487	31	2	4	300
Southern Pacific Hospital [3]	Houston, Texas	J. R. Gandy	482	5	2	2	...
Baptist Memorial Hospital [1-3]	San Antonio, Texas	R. F. Gossett	5,441	25	1	1	150
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	J. A. McMurrin	3,551	17	3	3	300
St. Mark's Hospital [1]	Salt Lake City	G. L. Wright	.....	...	1	1	200
St. Elizabeth's Hospital	Richmond, Va.	G. W. Horsley	949	2	1	2	200
Lewis-Gale Hospital [1-3]	Roanoke, Va.	W. L. Sibley	2,879	12	2	2	350
Doctors' Hospital [1-3]	Seattle	A. W. Lobb	4,087	31	1	2	250
Providence Hospital [1-3]	Seattle	L. J. Rosellini	5,212	74	1	2	250
Sacred Heart Hospital [3]	Spokane, Wash.	D. G. Corbett	10,981	78	1	1	250
Laird Memorial Hospital [1-3]	Montgomery, W. Va.	W. R. Laird	2,101	17	..	1	250
Mercy Hospital [1-3]	Janesville, Wis.	E. Reinardy	3,643	5	3	3	250
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	S. B. Gundersen	2,332	17	2	2	300
Methodist Hospital	Madison, Wis.	L. E. Holmgren	5,076	50	1	1	200
Evangelical Deaconess Hospital [1-3]	Milwaukee	H. B. Benjamin	1,184	15	3	4	250
St. Luke's Hospital [1-3]	Milwaukee	R. G. Galasinski	3,050	45	3	3	275

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council and the Board of Thoracic Surgery, as offering acceptable training in the specialty.

Hospitals, 95; Assistant Residencies and Residencies, 204

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	.....	150	7	..	..	2	...
Fitzsimmons Army Hospital [1]	Denver	J. M. Salyer	939	9	2	4	2	...
Army Medical Center [1-3]	Washington, D. C.	E. J. Jahnke, Jr.	143	4	2	4	2	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	San Diego, Calif.	J. M. Hanner	180	13	1	2	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	R. N. Grant	184	1	1	2	2	...
NONFEDERAL AND VETERANS ADMINISTRATION								
City of Hope Medical Center [1-3]	Duarte, Calif.	A. Goldman	464	25	1	1	1	400
Veterans Admin. Hospital [1-3]	Los Angeles	F. X. Byron	374	37	1	2	2	...
Highland-Alameda County Hospital [1-68]	Oakland, Calif.	P. Samson	321	7	2	3	2	200

Numerical and other references will be found on pages 556 through 559.

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27. THORACIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Harbor General Hospital [1]	Torrance, Calif.	B. H. Ramsay	119	6	1	2	2	246
National Jewish Hospital [1-3]	Denver	J. B. Grow	430	2	1	2	2	260
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	G. E. Lindskog	965	21	..	1	2	150
Cedarcrest Hospital [1-3]	Newington, Conn.	R. L. Kemler	301	4	1	1	1	335
Uncas on Thames [1-3]	Norwich, Conn.	W. O. Kelley	491	6	2	2	1	335
George Washington University Hospital [1-3]	Washington, D. C.	B. Blades	483	18	1	2	2	250
University Hospital [1]	Augusta, Ga.	R. Major	190	11	..	2	2	300
Chicago State Tuberculosis Sanitarium [1-3]	Chicago	H. T. Langston	278	3	2	2	1	300
Children's Memorial Hospital [1-3]	Chicago	W. J. Potts	.....	..	..	1	1	75
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	W. M. Lees	1,500	12	..	9	1	185
Northwestern University Medical Center								
Veterans Admin. Research Hospital [1]	Chicago	F. W. Preston	180	2	..	1	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	H. T. Langston	362	14	1	4	2	...
State University of Iowa Hospitals [1-3]	Iowa City	J. H. Ehrenhaft	Incl. in Surgery		..	2	2	200
University of Kansas Medical Center [1-3]	Kansas City, Kan.	F. Allbritten, Jr.	199	..	..	1	2	200
Charity Hospital of Louisiana								
Louisiana State University Unit [1]	New Orleans	L. H. Strug	162	6	1	2	2	200
Tulane University Unit [1]	New Orleans	O. Creech	193	6	1	2	2	300
Confederate Memorial Medical Center [1]	Shreveport, La.	W. W. McCook	242	4	..	1	2	200
University Hospital [1-3]	Baltimore	R. A. Cowley	171	7	3	5	2	75
Boston City Hospital [1-3]	Boston	J. W. Strieder	287	16	..	2	2	162
Boston Sanatorium [1-3]	Boston	J. W. Strieder	140	..	1	3	1	202
New England Deaconess Hospital [1-3]	Boston	R. H. Overholt	Incl. in Surgery		2	5	2	200
Veterans Admin. Hospital [1-3]	Rutland Heights, Mass.	W. W. Wilson	754	38	1	1	2	...
University Hospital [1-3]	Ann Arbor, Mich.	C. Haight	743	33	2	6	2	186
Henry Ford Hospital [1-3]	Detroit	C. R. Lam	Incl. in Surgery		1	2	2	225
Herman Kiefer Hospital [1-3]	Detroit	W. M. Tuttle	937	5	4	7	2	526
Ingham Chest Hospital	Lansing, Mich.	C. J. Stringer	641	9	2	2	2	400
Veterans Admin. Hospital [1-3]	Minneapolis	D. J. Ferguson	117	19	1	1	2	...
Mayo Foundation [1-3]	Rochester, Minn.	O. T. Clagett	Incl. in Surgery		..	..	2	175
University Hospital [1]	Jackson, Miss.	J. D. Hardy	24	..	..	2	1	...
Mississippi State Sanatorium	Sanatorium, Miss.	W. R. Webb	173	2	1	1	1	300
Missouri State Sanatorium [1-3]	Mount Vernon, Mo.	J. W. Polk	627	39	2	3	1	500
Barnes Hospital [1-3]	St. Louis	T. H. Burford	803	40	3	3	2	...
Veterans Admin. Hospital [1-3]	St. Louis	T. H. Burford	264	22	1	2	2	...
B. S. Pollak Hospital for Chest Diseases	Jersey City, N. J.	F. Bortone	111	..	..	2	2	167
Kings County Hospital								
Division I	Brooklyn, N. Y.	E. H. Griffin	218	4	1	2	2	104
Division II [1-3]	Brooklyn, N. Y.	M. Newman	192	16	1	2	2	104
Veterans Admin. Hospital [1-3-237]	Brooklyn, N. Y.	R. Klopstock	458	3	..	1	2	...
Buffalo General Hospital [1-3-244]	Buffalo	J. R. Paine	690	40	2	4	2	300
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	J. D. Stewart	94	4	..	2	2	248
Veterans Admin. Hospital [1-3]	Buffalo	W. M. Chardack	150	5	1	2	2	...
Veterans Admin. Hospital [1-3]	Castle Point, N. Y.	R. Douglass	127	3	..	2	1	...
Triboro Hospital [1-3]	Jamaica, N. Y.	L. Miscall	199	17	3	5	2	175
Mount Morris Tuberculosis Hospital [1-3]	Mount Morris, N. Y.	J. M. Judd	139	2	1	1	1	630
Bellevue Hospital Center								
Div. I—Columbia University [1-3-256]	New York City	R. H. Wylie	Incl. in Pul. Diseases		2	4	2	105
Bronx Municipal Hospital Center [1-3]	New York City	C. B. Ripstein	103	3	2	4	2	157
Montefiore Hospital [1-3]	New York City	A. H. Aufses	176	5	..	1	1	187
New York Medical College-Metropolitan Medical Center								
Metropolitan Hospital [1-3]	New York City	S. A. Thompson	74	6	1	2	1	104
St. Joseph's Hospital for Chest Diseases [1-3]	New York City	W. W. Fischer	643	7	1	2	1	250
Veterans Admin. Hospital [1-3]	New York City (Bronx)	A. Himmelstein	125	7	..	..	2	...
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	A. M. Skinner	197	5	2	2	1	495
Ray Brook State Tuberculosis Hospital [1-3]	Ray Brook, N. Y.	D. V. Pecora	242	..	2	2	1	495
Sea View Hospital [1-3-289]	Staten Island, N. Y.	L. R. Davidson	260	4	2	4	2	157
Veterans Admin. Hospital [1-3]	Sunmount, N. Y.	A. M. Decker, Jr.	367	..	..	1	1	...
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	R. M. Peters	232	5	..	1	1	239
Charlotte Memorial Hospital [1]	Charlotte, N. C.	A. G. Breniger, Jr.	195	7	1	2	2	250
Duke University Hospital [1-3]	Durham, N. C.	W. C. Sealy	518	5	..	..	2	...
Veterans Admin. Hospital [1-3]	Oteen, N. C.	H. E. Walkup	205	34	..	5	2	...
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.		267	12	..	..	2	...
City Hospital [1-3]	Cleveland	G. H. A. Clowes, Jr.	191	16	..	2	2	150
Cleveland Clinic Hospital [1-3]	Cleveland	D. B. Effler	373	14	2	3	2	250
Sunny Acres-Cuyahoga County Tuberculosis Hospital [1-3]	Cleveland		138	4	1	1	1	458
Veterans Admin. Hospital [1-3-305]	Cleveland	H. J. Mendelsohn	110	14	1	2	2	...
Benjamin Franklin-Mount Carmel Hospitals [1-3]	Columbus, Ohio	M. G. Buckles	810	22	1	1	2	400
Ohio State University Hospitals								
Ohio Tuberculosis Hospital [1-3]	Columbus, Ohio	N. C. Andrews	290	7	..	2	2	152
University Hospital [1-3]	Columbus, Ohio	K. P. Klassen	679	20	..	2	2	252
University of Oregon Medical School								
Hospitals and Clinics [1]	Portland, Ore.	W. S. Conklin	277	7	1	2	2	100
Episcopal Hospital [1-3]	Philadelphia	R. P. Glover-T. J. E. O'Neill	102	4	1	2	2	150
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. P. Bailey	1,219	73	5	5	2	75
Presbyterian Hospital [1-3]	Philadelphia	F. G. Harrison, Sr.	332	6	1	1	1	150
Health Center Hospitals of the								
University of Pennsylvania School of Medicine	Pittsburgh	E. M. Kent	690	14	1	4	3	175
Allegheny General Hospital			.....	..	..	..	..	...
Children's Hospital			.....	..	..	..	..	...
Presbyterian Hospital			.....	..	..	..	..	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	F. A. Hughes	516	39	..	1	2	...
West Tennessee Tuberculosis Hospital	Memphis, Tenn.	F. H. Cole	365	2	2	4	2	200
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	R. A. Daniel	260	10	..	1	2	50
Baylor University Hospital [1-3-37]	Dallas, Texas	R. Shaw	492	6	2	2	2	215
Veterans Admin. Hospital [1-3]	Dallas, Texas	R. H. Holland	210	7	1	2	2	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	A. W. Harrison	Incl. in Surgery		1	2	2	160
Baylor University College of Medicine Affiliated Hospitals			.....	..	..	..	2	...
Jefferson Davis Hospital [1-3]	Houston, Texas	M. E. DeBakey	.....	..	1	2	..	...
Methodist Hospital [1-3]	Houston, Texas	L. L. D. Tuttle	627	8	..	..	..	100
Veterans Admin. Hospital [1-3]	Houston, Texas	M. E. DeBakey	201	15	1	2	..	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	W. R. Rumel	301	8	..	1	2	275
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. C. Drash	691	12	..	2	2	50
Veterans Admin. Hospital [1-3-374]	Richmond, Va.	L. H. Bosher, Jr.	337	13	1	2	2	...
Firland Sanatorium [1-3]	Seattle	F. J. Jarvis	195	8	1	1	1	300
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	F. Raine	226	9	1	1	2	...
Leahi Hospital [1-3]	Honolulu, T. H.	P. W. Gebauer	.....	1	1	1	1	400

Numerical and other references will be found on pages 556 through 559.

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Residency programs in the following hospitals have been approved by the Council and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution.

Hospitals, 233; Assistant Residencies and Residencies, 708

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-3]	San Francisco	E. Lewis	333	5	1	3	...
Army Medical Center [1-3]	Washington, D. C.	J. F. Patton	482	8	2	6	...
Brooke Army Hospital [1-3]	San Antonio, Texas	L. K. Mantell	1,019	9	2	6	...
Tripler Army Hospital [1]	Honolulu, T. H.	R. T. Artman	1,249	4	1	3	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Oakland, Calif.	M. S. Curtis	685	6	1	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. R. Dillon, Jr.	1,404	12	1	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. S. Hanten	2,265	..	1	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	J. F. Richardson	532	1	1	3	...
U. S. Naval Hospital [1]	Philadelphia	R. P. Black	623	3	1	3	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	C. D. Miller	764	7	1	4	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-3]	Washington, D. C.	R. F. Jones	278	7	..	1	218
NONFEDERAL AND VETERANS ADMINISTRATION							
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	H. C. Hudson	529	2	..	1	250
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	B. Barelare	398	8	2	3	108
Veterans Admin. Hospital [1]	Birmingham, Ala.	F. D. Howard	308	10	1	1	...
University Hospital [1]	Little Rock, Ark.	J. Headstream	260	3	1	4	150
Kern County General Hospital [1]	Bakersfield, Calif.	S. G. Kearney	324	7	1	2	325
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	A. J. Bischoff	641	15	1	3	...
Kaiser Foundation Hospital [1-3]	Los Angeles	J. F. Cooper	900	..	1	2	225
Los Angeles County Hospital [1]	Los Angeles	J. J. Crane	3,101	84	2	8	246
University of California Medical Center							
University Hospital [1-3]	Los Angeles	W. E. Goodwin	289	..	1	4	198
Veterans Admin. Hospital [1-3]	Los Angeles	W. E. Goodwin	1,283	46	3	9	...
Harbor General Hospital [1]	Torrance, Calif.	E. Belt	530	20	1	4	246
White Memorial Hospital [1-3-397]	Los Angeles	R. T. Bergman	491	2	1	2	150
Presbyterian Hospital-Olmsted Memorial [1-3-397]	Los Angeles	T. Powell	1,050	2	1	1	200
Highland-Alameda County Hospital [1]	Oakland, Calif.	H. Kay	475	14	1	1	200
San Diego County General Hospital [1-3]	San Diego, Calif.	E. Le Duc	333	7	1	3	175
Southern Pacific General Hospital [1-3]	San Francisco	T. E. Gibson	392	4	1	3	175
Stanford University Hospitals							
San Francisco Hospital— (Stanford University Service) [1-3]	San Francisco	W. A. Sumner	279	7	..	2	195
Stanford University Hospitals [1-3]	San Francisco	H. Weyrauch	501	5	1	2	80
University of California Hospitals							
Franklin Hospital [1-3]	San Francisco	J. W. Schulte	331	5	1	1	200
San Francisco Hospital— (University of California Service) [1-3]	San Francisco	S. Olsen	278	13	2	2	195
University of California Hospital [1-3]	San Francisco	D. R. Smith	649	4	1	3	210
Santa Clara County Hospital [1-3]	San Jose, Calif.	L. J. Pingree	282	9	..	1	260
Veterans Admin. Hospital [1-3]	San Francisco	H. M. Weyrauch-D. R. Smith	300	10	1	3	...
University of Colorado Medical Center							
Colorado General Hospital [1-3]	Denver	D. E. Newland	245	8	1	3	180
Denver General Hospital [1-3]	Denver	D. E. Newland	219	8	..	..	157
Veterans Admin. Hospital [1-3]	Denver	O. G. Stonington	537	15	..	..	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	R. M. Harvard	908	10	1	3	50
Veterans Admin. Hospital	West Haven, Conn.	.....	.....	..	..	..	...
Hospital of St. Raphael [3]	New Haven, Conn.	L. L. Maurer	506	6	1	3	150
Waterbury Hospital [1]	Waterbury, Conn.	C. H. Neuswanger	590	7	1	2	225
Delaware Hospital [1-3]	Wilmington, Del.	H. S. Vallett	537	12	1	3	220
District of Columbia General Hospital [1-3]	Washington, D. C.	R. Baker-L. Culbertson	347	2	1	3	233
Veterans Admin. Hospital [1-3-104]—Georgetown University Hospital	Washington, D. C.	J. G. Lee	303	5	..	3	...
Duval Medical Center-St. Vincent's Hospital [1-3]	Jacksonville, Fla.	R. B. Mclver	948	15	1	5	175
Jackson Memorial Hospital [1-3]	Miami, Fla.	M. M. Coplan-W. L. Fitzgerald	944	16	2	6	75
Orange Memorial Hospital [1-3]	Orlando, Fla.	L. M. Orr-F. J. Pyle	1,245	18	1	3	325
Grady Memorial Hospital [1-3]	Atlanta, Ga.	M. K. Bailey	641	11	2	6	100
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	H. P. McDonald	976	3	1	3	270
Veterans Admin. Hospital [1-3-114]	Atlanta, Ga.	M. K. Bailey	383	8	2	3	...
Medical College of Georgia Hospitals		J. R. Rinker	.....	..	..	..	...
Eugene Talmadge Memorial Hospital [1]	Augusta, Ga.	.....	.....	..	..	..	...
University Hospital [1]	Augusta, Ga.	T. Everett	531	3	..	6	200
Memorial Hospital of Chatham County [1-3]	Savannah, Ga.	C. L. Prince	433	5	1	3	350
Cook County Hospital [1-3]	Chicago	W. J. Baker	1,165	46	1	4	100
Mercy Hospital [1-3]	Chicago	H. E. Landes	811	5	..	1	200
Michael Reese Hospital	Chicago	I. Shapiro	956	19	1	3	100
Mount Sinai Hospital [1-3]	Chicago	L. A. Maslow	502	5	1	3	125
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-3]	Chicago	V. J. O'Conor	897	6	1	2	125
Veterans Admin. Research Hospital [1]	Chicago	F. W. Preston-V. J. O'Conor	333	11	1	2	...
Presbyterian Hospital [1-3]	Chicago	N. J. Heckel	595	2	1	3	125
St. Luke's Hospital [1-3]	Chicago	W. J. Baker	642	7	1	1	125
University of Chicago Clinics [1-3]	Chicago	C. W. Vermeulen	553	13	1	4	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	J. H. Kiefer	530	5	..	1	175
Veterans Admin. Hospital [1-128]	Hines, Ill.	F. Lloyd	1,144	25	2	6	...
Indiana University Medical Center							
Indianapolis General Hospital [1]	Indianapolis	R. D. Howell	323	8	1	3	205
Indiana University Hospitals [1-127]	Indianapolis	R. Garrett	297	10	1	4	165
Veterans Admin. Hospital [1-3-106]	Indianapolis	E. Ruppel	257	..	..	1	...
Methodist Hospital [1]	Indianapolis	M. Nourse	2,030	17	..	2	278
Veterans Admin. Hospital [1-3-17]	Des Moines, Iowa	L. J. Arduino	724	12	1	3	...
State University of Iowa Hospitals [1-3]	Iowa City	R. H. Flocks	2,007	26	3	8	140
University of Kansas Medical Center		W. L. Valk	.....	..	..	..	...
University Hospital	Kansas City, Kan.	.....	854	16	2	6	125
Veterans Admin. Hospital [1]	Kansas City, Mo.	.....	299	14	..	..	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	I. S. Brown	157	8	1	3	...
University of Louisville Medical Center							
St. Joseph Hospital [1-3]	Lexington, Ky.	E. H. Ray	596	6	1	1	230
Louisville General Hospital [1-3]	Louisville, Ky.	R. Lich, Jr.	309	4	..	3	105
Veterans Admin. Hospital [1-3]	Louisville, Ky.	H. I. Berman	288	13	1	2	...

Numerical and other references will be found on pages 556 through 559.

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Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [9]	Total Residencies Offered [9]	Beginning Stipend (Month)
Charity Hospital of Louisiana							
Independent Unit [1]	New Orleans	R. J. Mailhes	493	9	1	3	100
Louisiana State University Unit [1]	New Orleans	H. T. Beacham	968	5	2	6	100
Tulane University Unit [1]	New Orleans	E. Burns	1,175	13	2	7	100
Ochsner Foundation Hospital [1-121]	New Orleans	E. Burns	466	3	1	3	225
Veterans Admin. Hospital [1-3-308]	New Orleans	E. Burns	408	11	1	2	...
Touro Infirmary [1-309]	New Orleans	G. C. Tomskey	945	3	..	..	...
Confederate Memorial Medical Center [1]	Shreveport, La.	R. K. Womack	1,053	5	1	4	125
Johns Hopkins Hospital [1-3-155]	Baltimore	W. W. Scott	989	13	2	6	150
Sinai Hospital [1-3]	Baltimore	B. S. Abeshouse	692	11	2	5	110
University Hospital [1-3]	Baltimore	J. D. Young	738	6	1	3	75
Veterans Admin. Hospital [1-3-159]	Fort Howard, Md.	H. J. Meisel	182	9	1	1	...
Beth Israel Hospital [1-3]	Boston	G. Prather	462	..	1	1	58
Boston City Hospital [1-3]	Boston	F. G. Sheddan, Jr.	539	9	..	5	162
Massachusetts General Hospital [1-3]	Boston	W. F. Leadbetter	1,524	..	1	3	67
Massachusetts Memorial Hospitals [1-3-174]	Boston	S. N. Vose	456	1	1	3	100
New England Center Hospital [1-3]	Boston		214	2	..	1	100
Peter Bent Brigham Hospital [1-3-339]	Boston	J. H. Harrison	Incl. In Surgery		..	3	42
Veterans Admin. Hospital [1-3-299]	West Roxbury, Mass.	H. S. Talbot	257	7	1	2	...
Veterans Admin. Hospital [1-3-181]	Boston (Jamaica Plain)	R. Chute	786	16	1	3	...
University Hospital [1-3]	Ann Arbor, Mich.	R. M. Nesbit	1,509	10	3	9	186
Grace Hospital [1-3]	Detroit	C. G. Weltman	848	8	1	2	275
Harper Hospital [1-3]	Detroit	F. B. Bicknell	1,600	13	1	3	250
Henry Ford Hospital [1-3]	Detroit	A. W. Bohne	844	5	2	6	225
Receiving Hospital [1-3]	Detroit	D. J. Jaffar	741	17	2	8	289
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	W. L. Sherman	437	21	1	4	316
Minneapolis General Hospital [1-3—St. Mary's Hospital [1-3]	Minneapolis	T. H. Sweetser, Sr.	1,275	22	1	5	200
University of Minnesota Hospitals [1-3-202]	Minneapolis	C. D. Creevy	835	8	1	4	185
Veterans Admin. Hospital [1-3]	Minneapolis	C. D. Creevy	512	15	..	2	...
Mayo Foundation [1-3]	Rochester, Minn.	G. J. Thompson	3,412	15	5	20	...
Ancker Hospital [1-3—Charles T. Miller Hospital [1-3]	St. Paul	F. E. B. Foley	935	20	1	4	185
University of Mississippi Medical Center							
University Hospital [1]	Jackson, Miss.	T. Ainsworth	170	4	..	1	250
Veterans Admin. Hospital [1-3]	Jackson, Miss.	S. A. Sabatini	303	14	..	1	...
Kansas City General Hospital No. 1	Kansas City, Mo.	L. J. Stockwell	374	2	1	3	200
Barnes Hospital [1-3-217]	St. Louis	J. J. Cordonnier	1,086	19	2	6	75
Homer G. Phillips Hospital [1-3]	St. Louis	M. Abrams	422	9	2	7	227
Missouri Pacific Hospital [3]	St. Louis	A. E. Vitt	383	5	..	1	200
St. Louis City Hospital [1-3]	St. Louis	C. A. Wattenberg-W. P. Melick	555	10	1	3	92
St. Mary's Group of Hospitals [1-3]	St. Louis	C. E. Burford	702	11	1	3	100
Veterans Admin. Hospital [1-3]	St. Louis	J. P. Altheide	320	6	1	3	...
Dartmouth Medical School Affiliated Hospitals		W. L. McLaughlin	869	11	1	3	218
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.		.....	...	..	..	...
Veterans Admin. Hospital [1-3]	White River Jct., Vt.		.....	...	..	..	...
Veterans Admin. Hospital [1]	East Orange, N. J.	M. Malament	470	12	1	3	...
Jersey City Medical Center [1-3]	Jersey City, N. J.	E. J. Daly	450	4	1	3	146
Harrison S. Martland Medical Center [1-3]	Newark, N. J.	E. Swinburn	570	7	1	3	162
Albany Hospital [1-3]	Albany, N. Y.	W. A. Milner	950	13	1	3	160
Jewish Hospital [1-3]	Brooklyn, N. Y.	A. Segal-P. Katzen	752	7	1	3	100
Kings County Hospital							
Division I [1-3]	Brooklyn, N. Y.	G. Horton	496	10	1	3	104
Division II [1-3]	Brooklyn, N. Y.	F. C. Hamm	592	14	1	3	104
Long Island College Hospital [1-3]	Brooklyn, N. Y.	H. C. Harlin	695	4	1	3	156
Maimonides Hospital [1-3]	Brooklyn, N. Y.	H. Hermann	1,038	9	1	3	75
Methodist Hospital [1-3]	Brooklyn, N. Y.	O. P. Schoenemann	748	3	1	1	175
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	F. L. Senger	554	16	1	3	...
Buffalo General Hospital [1-3-245-405]	Buffalo	O. J. Oberkircher	937	6	1	3	175
Roswell Park Memorial Hospital [1-3-405]	Buffalo	W. Staubitz	321	17	..	2	300
Edward J. Meyer Memorial Hospital [1-3-245]	Buffalo	E. L. Brodie	447	10	1	3	248
Millard Fillmore Hospital [1-3]	Buffalo	P. A. Greco	971	3	1	3	285
Veterans Admin. Hospital [1-3]	Buffalo	W. M. Chardack	416	10	1	3	...
Elmhurst General Hospital [1-3-17]	Elmhurst, N. Y.	G. A. Fiedler	290	5	1	3	104
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	R. M. Bowles	549	29	1	3	225
Queens General Hospital [1-3]	Jamaica, N. Y.	E. Rubin	550	15	1	3	105
Bellevue Hospital Center							
Div. II—Cornell University [1-3]	New York City	J. Draper	480	9	1	4	71
Div. IV—New York University Post-Graduate Medical School [1-214]	New York City	R. Hotchkiss	384	6	..	4	71
Beth Israel Hospital [1-3]	New York City	S. F. Wilhelm	745	7	1	3	140
Bronx Municipal Hospital Center [1-3]	New York City	H. R. Newman	234	13	2	4	105
Francis Delafield Hospital [1-3]	New York City	J. K. Lattimer	291	30	3	7	105
French Hospital [1-3]	New York City	J. D. Cooney	516	5	1	3	83
Lincoln Hospital [1-3-400]	New York City	F. P. Twinem	158	2	..	2	105
Hackensack Hospital [1-3-400]	Hackensack, N. J.	F. P. Twinem	470	6	1	1	150
Morrisania City Hospital [1-3]	New York City	J. J. Roth	388	8	2	4	104
Mount Sinai Hospital [1-3]	New York City	G. D. Oppenheimer	1,355	11	3	5	75
New York Hospital [1-3]	New York City	V. Marshall	1,120	..	2	6	185
New York Medical College—Metropolitan Medical Center							
Metropolitan Hospital [1-3]	New York City	T. J. Kirwin	495	7	1	3	104
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. S. Ritter	625	9	1	3	125
Presbyterian Hospital	New York City	J. K. Lattimer	1,632	6	4	8	250
Roosevelt Hospital [1-3]	New York City	S. A. Belsler	546	8	1	3	133
St. Clare's Hospital [1-3]	New York City	G. A. Fiedler	320	1	1	3	200
St. Luke's Hospital [1-3]	New York City	J. A. Taylor	601	8	2	3	100
Veterans Admin. Hospital [1-3]	New York City (Bronx)	A. L. Dean	990	26	2	5	...
Veterans Admin. Hospital [1-3]	New York City (Manhattan)	A. H. Ulm	431	6	1	3	...
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. W. Scott	880	..	1	3	117
State University of New York Upstate Medical							
Center Hospitals [1-3]	Syracuse, N. Y.	F. O. Harbach	903	15	..	3	233
Veterans Admin. Hospital [1-3]	Syracuse, N. Y.	W. L. Parry	354	8	..	..	...
North Carolina Memorial Hospital [1-3-401]	Chapel Hill, N. C.	P. L. Bunce	315	2	..	1	239
Watts Hospital [1-3-401]	Durham, N. C.	L. C. Roberts	648	2	1	3	175
Charlotte Memorial Hospital [1]	Charlotte, N. C.	H. W. McKay	1,413	10	1	4	250
Duke University Affiliated Hospitals		E. P. Alyea	.....	...	..	..	...
Duke Hospital [1-3]	Durham, N. C.		650	3	2	6	127
Veterans Admin. Hospital [1-3]	Durham, N. C.		373	5	..	..	...
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	F. K. Garvey	1,014	4	1	3	125
Akron City Hospital [1-3]	Akron, Ohio	R. G. McCready	1,006	20	1	3	250
University of Cincinnati School of Medicine Hospital Group							
Cincinnati General Hospital [1-3]	Cincinnati	T. B. Wayman	721	16	2	6	50
City Hospital [1-3]	Cleveland	H. R. Trattner	307	5	1	3	162.50
Cleveland Clinic Hospital [1-3]	Cleveland	C. C. Higgins	1,377	7	3	8	175
Huron Road Hospital [1-3]	Cleveland	V. C. Laughlin	671	8	1	2	210
Western Reserve University Medical School Affiliated Hospitals							
University Hospitals [1-3]	Cleveland	L. Persky	750	2	..	3	125
Veterans Admin. Hospital [1-3-307]	Cleveland	G. Austen, Jr.	385	21	1	3	...

Numerical and other references will be found on pages 556 through 559.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [6]	Total Residencies Offered [6]	Beginning Stipend (Month)
Ohio State University Hospitals							
University Hospital [1-8-813]	Columbus, Ohio	W. N. Taylor	770	18	..	5	202
Veterans Admin. Hospital [1-8]	Dayton, Ohio	E. F. Kelly	247	9	1	2	...
St. Vincent's Hospital [1-8-408]	Toledo, Ohio	E. A. Ockuly	1,060	9	1	4	275
Maumee Valley Hospital [1-8-403]	Toledo, Ohio	A. S. Avery	206	7	..	..	...
University of Oklahoma Medical Center		D. W. Branham	.....	...	..	..	...
University Hospital [1-8]	Oklahoma City		321	7	1	2	...
Veterans Admin. Hospital [1-8]	Oklahoma City		293	9	..	1	...
University of Oregon Medical School Hospitals and Clinics [1-827]	Portland, Ore.	C. V. Hodges	457	10	1	4	100
Veterans Admin. Hospital [1-8]	Portland, Ore.	D. P. Paull	680	6	..	1	...
Geo. F. Geisinger Memorial Hospital [1-8]	Danville, Pa.	W. I. Buchert	1,149	8	1	3	175
Hamot Hospital [1-8]	Erie, Pa.	R. C. Lyons	498	7	1	3	225
St. Vincent's Hospital [1-8]	Erie, Pa.	E. Hess	1,022	15	1	4	200
Harrisburg Hospital	Harrisburg, Pa.	J. L. Lanshe-R. E. Allyn	681	11	1	1	250
Albert Einstein Medical Center [1-8]	Philadelphia	M. Muschat	1,283	11	1	3	150
Episcopal Hospital [1-8]	Philadelphia	G. D. Shoup	444	5	1	2	150
Graduate Hospital of the University of Pennsylvania [1-8-403]	Philadelphia	H. M. Burros	281	3	2	2	...
Mercy Hospital [1-8-403]	Wilkes-Barre, Pa.	P. P. Maycock	391	3	1	1	250
Hahnemann Medical College and Hospital [1-8]	Philadelphia	E. W. Campbell	.....	...	1	3	75
Hospital of the University of Pennsylvania [1-8]	Philadelphia	B. Hughes	1,023	10	1	4	125
Jefferson Medical College Hospital [1-8]	Philadelphia	T. R. Fetter	1,381	13	..	3	100
Pennsylvania Hospital [1-8]	Philadelphia	L. B. Greene	509	5	2	2	20
Philadelphia General Hospital [8]	Philadelphia	L. McCrea	337	21	1	4	121
Temple University Hospital [1-8]	Philadelphia	K. B. Conger	648	5	1	2	...
Veterans Admin. Hospital [1-8]	Philadelphia	P. B. Hughes	529	12	..	2	...
Allegheny General Hospital [1]	Pittsburgh	J. L. Hamilton	731	3	1	2	200
Mercy Hospital [1-8]	Pittsburgh	C. C. Altman	657	1	1	3	235
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh	J. J. Lee	463	2	1	3	150
Veterans Admin. Hospital [1-8]	Pittsburgh	C. A. Kuehn	508	8	1	4	...
Robert Packer Hospital [1-8]	Sayre, Pa.	W. Baurys	567	5	1	1	200
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.	W. J. Duw	635	10	1	1	225
Rhode Island Hospital [1-8]	Providence, R. I.	E. K. Landsteiner	760	15	1	2	100
Medical College of South Carolina Teaching Hospitals [1]	Charleston, S. C.	P. W. Sanders, Jr.	597	7	1	3	137
Orangeburg Regional Hospital [1]	Orangeburg, S. C.	L. P. Thackston	1,231	10	1	2	200
City of Memphis Hospitals [1-8-401]	Memphis, Tenn.	S. Raines	755	9	3	6	125
Baptist Memorial Hospital [1-8-46-404]	Memphis, Tenn.	H. D. Woodson	1,877	10	..	1	335
Veterans Admin. Hospital [1-8]	Memphis, Tenn.	W. S. Bradley, Jr.	1,114	14	1	3	...
George W. Hubbard Hospital [1-8]	Nashville, Tenn.	.....	...	...	..	..	125
Vanderbilt University Hospital [1-8]	Nashville, Tenn.	C. E. Haines	289	1	1	1	50
Parkland Memorial Hospital [1-8-847]	Dallas, Texas	H. M. Spence	4	6	1	4	125
Veterans Admin. Hospital [1-8]	Dallas, Texas	P. A. Duff	547	9	1	2	...
University of Texas Medical Branch Hospitals [1-8]	Galveston, Texas	C. A. Hooks	596	6	1	3	160
Baylor University College of Medicine Affiliated Hospitals							
Jefferson Davis Hospital [1-8]	Houston, Texas	A. J. Leader	346	10	1	3	75
Methodist Hospital [1-8]	Houston, Texas	M. K. O'Heeron	225	2	..	..	100
St. Joseph's Hospital	Houston, Texas	M. K. O'Heeron	737	6	1	1	220
St. Luke's Episcopal Hospital	Houston, Texas	.....	...	...	..	..	...
Texas Children's Hospital	Houston, Texas	T. H. Guthrie	501	2	..	..	...
Veterans Admin. Hospital [1-8]	Houston, Texas	P. P. Deming	694	17	..	3	...
Hermann Hospital [1-8-853]	Houston, Texas	C. M. Crigler	1,917	9	1	4	100
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital [1-8]	Burlington, Vt.	P. Powell	326	5	1	3	180
Mary Fletcher Hospital [1-8]	Burlington, Vt.	P. Powell	381	5	1	4	167
University of Virginia Hospital [1-8]	Charlottesville, Va.	S. A. Vest	673	6	1	4	50
Medical College of Virginia-Hospital Division [1-8-878]	Richmond, Va.	A. I. Dodson	942	8	1	3	100
Veterans Admin. Hospital [1-8]	Richmond, Va.	R. C. Bunts	1,435	13	1	4	...
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	D. F. McDonald	416	16	1	2	125
Madison General Hospital [1-8]	Madison, Wis.	A. P. Schoenenberger	816	10	1	1	150
University Hospitals [1-8]	Madison, Wis.	J. B. Weat	572	8	1	4	100
Milwaukee County Hospital [1-8]	Milwaukee	R. S. Irwin	588	18	..	2	207
Veterans Admin. Hospital [1-8]	Milwaukee (Wood), Wis.	R. S. Irwin	907	25	1	4	...
San Juan City Hospital [1-8]	San Juan, P. R.	L. A. Sanjurjo	331	..	1	2	300

NUMERICAL AND OTHER REFERENCES

1. Appointments available to women applicants.
2. Appointments available to women applicants only.
3. Appointments available to graduates of foreign medical schools.
4. Includes fellowships.
5. Training at the third year level only.
6. May include one year fellowships in the Department of Cardiology.
7. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
8. May include one year of surgical research at Louisiana State University School of Medicine.
9. Training limited to Contagious Diseases.
10. Approved for affiliate training only.
11. Formerly New York City Hospital, New York, N. Y.
12. Combined integrated program—Bellevue, Div. II (Cornell and Memorial Cancer Center)
13. Training in pediatric psychiatry (third year level)
14. To include one year of affiliate training at the second year level at the University Hospitals (Lakeside) Cleveland.
15. This one year of training is equivalent to one year of basic science as a part of an approved three year program.
16. University of Texas coordinates program of three years' duration.
17. An additional one year of fellowship training in cardio-pulmonary laboratory is available
18. Includes one year of training at Veterans Administration Hospital, Iowa City
19. Provides training at the third year level, affiliate training with University of Minnesota Hospitals, Minneapolis, Minn.
20. Approved for affiliate training only.
21. Obstetrical and Gynecological pathology only.
22. Special pathology as a part of pathologic anatomy. See Board requirements.
23. Category P. Am. Bd. of Pathology. See Page 584.
30. LaRabida Sanitarium, Lewis Memorial Maternity Hospital, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Hospital, Chicago.
31. Methodist Hospital and St. Francis Hospital Divisions.
32. Approved for one year of training in Hematology as a part of or addition to the residency training program in Internal Medicine.
33. Affiliate rotation at Yale-New Haven Medical Center, Grace-New Haven Community Hospital.
34. Six months of training is afforded at University Hospitals, Iowa City, Iowa.
35. Offer training at the third year level only.
36. Provides training at the 3rd year level, affiliated with University of Minnesota Hospitals, Minneapolis, Minn.
37. Includes one year of training at Parkland Memorial Hospital, Dallas, Texas.
38. Approved for training at the first year level.
39. One year affiliation available at Veterans Admin. Hospital, Iowa City, Iowa.
40. Approved for one year of training equivalent to one year of basic science as a part of an approved three year program.
41. Approved Category P. Residents interested should consult Page 584.
42. Approved Category M. Residents interested should consult Page 584.
43. Approved Category H. Residents interested should consult Page 584.
44. Approved Category N-1. Residents interested should consult Page 584.
45. Includes one year fellowship in the cardiopulmonary laboratory.
46. Provides one year of training at third year level as part of three year program at City of Memphis Hospitals.
47. Includes one year of training at State University of Iowa Hospitals, Iowa City, Iowa.
50. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.; G. W. Hubbard Hospital, Nashville, Tenn.
51. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.; St. Jude Hospital, Montgomery, Ala.; Freedmen's Hospital, Washington, D. C.

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52. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.;
Illinois Eye and Ear Infirmary, Chicago, Ill.
53. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.
54. Pima County General Hospital, Tucson, Ariz.
55. University Hospital, Little Rock, Ark.
56. Valley Children's Hospital, Fresno, Calif.
57. Langley Porter Clinic, San Francisco, Calif.
58. Harbor General Hospital, Torrance, Calif.
59. Seaside Memorial Hospital, Long Beach, Calif.
60. Orange County General Hospital, Orange, Calif.;
Donald N. Sharp Memorial Com. Hospital, San Diego, Calif.;
Santa Monica Hospital, Santa Monica, Calif.
61. Children's Hospital, Los Angeles County General Hospital, Los Angeles, Calif.
62. Children's Hospital, Los Angeles, Calif.
63. Los Angeles County Hospital, Los Angeles, Calif.
64. University of California Medical Center, Los Angeles;
Harbor General Hospital, Torrance, Calif.
65. Child Guidance Clinic, Los Angeles,
Psychiatric Service, Reiss Davis Clinic,
University of California Medical Center,
Veterans Admin. Mental Hygiene Clinic, Los Angeles
66. San Joaquin General Hospital, French Camp, Calif.
67. University of Calif. Medical Center, Los Angeles;
Pasadena Child Guidance Clinic, Pasadena, Calif.;
Pacific State Hospital, Pomona, Calif.
68. Samuel Merritt Hospital, Oakland, Calif.
69. Fairmont Hospital of Alameda Cty., San Leandro, Calif.;
Samuel Merritt Hospital, Oakland, Calif.
70. Peralta Hospital, Oakland, Calif.
Samuel Merritt Hospital, Oakland, Calif.
71. Cowell Hospital,
State of California Mental Hygiene Clinic, Berkeley, Calif.;
Children's Hospital,
Langley Porter Clinic,
Mount Zion Hospital,
Stanford Lane Hospitals,
Veteran Admin. Hospital,
V. A. Regional Office Mental Hygiene Clinic, San Francisco, Calif.;
San Mateo Child Guidance Clinic, San Mateo, Calif.
72. Eye and Ear Hospital
Children's Hospital, Los Angeles, Calif.
73. Children's Hospital of the East Bay, Oakland, Calif.
74. Highland-Alameda County Hospital, Oakland, Calif.
75. California Babies & Children's Hospital
California Hospital, Los Angeles, Calif.
76. San Francisco Hospital, San Francisco, Calif.
77. Stanford University Hospital, San Francisco, Calif.
78. Children's Medical Center, Boston, Mass.
79. University of California Hospital, San Francisco
80. University of California Students' Health Service, Berkeley;
(Cowell Memorial Hospital)
San Francisco City & County Hospital, San Francisco, Calif.
81. Santa Barbara General Hospital, Santa Barbara, Calif.
82. Veterans Admin. Hospital, Los Angeles, Calif.
83. University of Calif. Medical Center, Los Angeles, Calif.
84. Children's Hospital, Denver, Colo.
85. Children's Hospital
St. Luke's Hospital, Denver, Colo.
86. Children's Hospital, Colorado General Hospital, Denver General Hospital, Fitzsimons Army Hospital, General Rose Hospital, Denver, Colo.
87. Colorado Psychiatric Hospital
Denver General Hospital, Denver, Colo.
88. Denver General Hospital, Denver, Colo.
89. Parkview Hospital, Pueblo, Colo.
90. Corwin Hospital, Pueblo, Colo.
91. Corwin Hospital,
St. Mary's Hospital, Pueblo, Colo.
92. J. J. McCook Memorial Hospital, Hartford, Conn.;
Newington Home for Crippled Children, Newington, Conn.
Veterans Admin. Hospital, Newington, Conn.;
Beverly Hospital, Beverly, Mass.;
Holyoke Hospital, Holyoke, Mass.
93. Cedarcrest State T. B. Sanatorium, Newington, Conn.;
Veterans Admin. Hospital, Newington, Conn.
94. Cedarcrest State Tuberculosis Sanatorium, Newington, Conn.;
Uncas-on-Thames State T. B. Sanatorium, Norwich, Conn.;
Day-Kimball Hospital, Putnam, Conn.;
Johnson Memorial Hospital, Stafford Springs, Conn.
95. Veterans Admin. Hospital, Newington, Conn.
96. Veterans Admin. Hospital, Newington, Conn.;
State Veterans Home and Hospital, Rocky Hill, Conn.;
Memorial Hospital, New York, N. Y.
97. Veterans Admin. Hospital, West Haven, Conn.;
Windham Community Hospital, Willimantic, Conn.
98. Southbury Training School, Southbury, Conn.
99. Veterans Admin. Hospital, West Haven, Conn.
100. Hartford Hospital, New Haven, Conn.
101. Grace-New Haven Community Hospital, New Haven, Conn.;
Stamford Hospital, Stamford, Conn.
102. Grace-New Haven Community Hospital, New Haven, Conn.
103. District of Columbia General Hospital, Washington, D. C.
104. Children's Hospital, Washington, D. C.
105. District of Columbia General Hospital, Washington, D. C.
106. Armed Forces Institute of Pathology,
D. C. General Hospital,
Georgetown University Hospital, Washington, D. C.
107. Armed Forces Institute of Pathology;
George Washington University Hospital, Washington, D. C.
108. George Washington University Hospital,
Walter Reed Army Hospital, Washington, D. C.
109. Columbia Hospital, Washington, D. C.
110. St. Vincent's Hospital, Jacksonville, Fla.
111. Brewster Hospital, Jacksonville, Fla.
112. Duval Medical Center, Jacksonville, Fla.
113. Variety Children's Hospital, Miami, Fla.
114. Grady Memorial Hospital, Atlanta, Ga.
115. Eugene Talmadge Memorial Hospital,
University Hospital, Augusta, Ga.
116. Chicago Wesley Memorial Hospital, Chicago, Ill.
117. Municipal Tuberculosis Sanitarium, Chicago
118. Lewis Memorial Hospital,
St. Vincent's Infant Hospital, Chicago
119. Loretto Hospital,
Chicago State Hospital, Chicago;
Veterans Admin. Hospital, Hines, Ill.
120. Chicago Wesley Memorial Hospital,
Children's Memorial Hospital,
Veterans Admin. Research Hospital, Chicago
121. Presbyterian Hospital, Chicago, Ill.
122. Veterans Admin. West Side Hospital, Chicago, Ill.
123. Methodist Hospital, Peoria, Ill.
124. Indiana University Medical Center, Indianapolis, Ind.
125. Cook County Hospital, Chicago, Ill.
126. Indianapolis General Hospital,
Indiana University Medical Center, Indianapolis, Ind.
127. Methodist Hospital, Indianapolis, Indiana
128. Broadlawns Polk County Hospital, Des Moines, Ia.
129. State University of Iowa Hospitals, Iowa City, Ia.;
Raymond Blank Memorial Hospital, Des Moines, Ia.
130. State University of Iowa Hospitals, Iowa City, Ia.
131. Kansas Children Receiving Home, Atchison, Kansas;
Larned State Hospital, Larned, Kansas;
Osawatomie State Hospital, Osawatomie, Kansas;
Parsons State Training School, Parsons, Kansas;
Boys Industrial School, Topeka, Kansas;
Winfield State Training School, Winfield, Kansas
132. Menninger Foundation,
Shawnee Guidance Center, Topeka, Kansas
Topeka State Hospital, Topeka, Kansas
133. Children's Mercy Hospital,
St. Luke's Hospital, Kansas City, Mo.
134. Research Hospital,
Veterans Admin. Hospital, Kansas City, Mo.
135. Louisville Child Guidance Clinic, Louisville, Ky.
136. Children's Hospital, Louisville, Ky.
137. Kentucky Baptist Hospital, Louisville, Ky.
138. Children's Hospital,
Veterans Admin. Hospital, Louisville, Ky.
139. Children's Hospital,
Jewish Hospital,
Kentucky Baptist Hospital, Louisville, Ky.
140. St. Joseph's Hospital, Lexington, Ky.;
Veterans Admin. Hospital, Louisville, Ky.
141. Children's Hospital,
Norton Memorial Hospital,
Veterans Admin. Hospital, Louisville, Ky.
142. Veterans Admin. Hospital, Louisville, Ky.
143 Louisville General Hospital, Louisville, Ky.
144. Kentucky Baptist Hospital, Louisville, Ky.
145. Charity Hospital of Louisiana, New Orleans, La.
146. Charity Hospital (Tulane Service) New Orleans, La.
147. E. A. Conway Memorial Hospital, Monroe, La.
148. Crippled Children's Hospital,
Charity Hospital (Tulane Unit), New Orleans, La.
149. Lallie E. Kemp Charity Hospital, Independence, La.;
Charity Hospital, (L. S. U.) New Orleans, La.
150. Lallie E. Kemp Charity Hospital, Independence, La.;
E. A. Conway Memorial Hospital, Monroe, La.;
Huey P. Long Charity Hospital, Pineville, La.
151. Huey P. Long Charity Hospital, Pineville, La.
152. Veterans Admin. Hospital, Hines, Ill.
153. Augusta State Hospital, Augusta, Maine;
Redington Memorial Hospital, Skowhegan, Maine;
Thayer Hospital, Waterville, Maine
154. Baltimore City Hospitals, Baltimore, Md.
155. Inlow Clinic, Shelbyville, Indiana
156. Hospital for the Women of Maryland, Baltimore, Md.
157. Johns Hopkins Hospital, Baltimore, Md.
158. Johns Hopkins Hospital,
Kanner's Clinic,
Harriet Lane Home, Baltimore, Md.
159. University Hospital, Baltimore, Md.
160. Jackson Clinic, Temple Univ., Philadelphia, Pa.
161. Douglas A. Thom, Clinic for Children,
Massachusetts General Hospital,
Child Guidance Clinic,
V. A. Hospital,
V. A. H. Mental Hygiene Clinic, Boston, Mass.
162. Pondville Hospital, Walpole, Mass.
163. Boston City Hospital,
Boston State Hospital, Boston;
Chelsea Soldiers' Home, Chelsea, Mass.
164. Free Hospital for Women, Brookline, Mass.
165. St. Margaret's Hospital, Boston, Mass.
166. Soldiers' Home, Chelsea, Mass.
167. New England Baptist,
New England Deaconess Hospital,
Booth Memorial Hospital,
Parker Hill Medical Center,
Robert Breck Brigham, Boston, Mass.
168. Children's Medical Center, Boston
169. Boston Psychopathic Hospital, Boston;
Taunton State Hospital, Taunton, Mass.
170. New England Deaconess Hospital,
Roentgen Division and M. I. T. Therapeutic X-ray, Boston
171. Boston City Hospital,
Sanatorial Division (Boston City Hospital) Mattapan, Boston;
Veterans Admin. Hospital, Providence, R. I.
172. Boston City Hospital, Boston
173. Beth Israel Hospital,
Veterans Admin. Hospital, Boston
174. Lynn Hospital, Lynn, Mass.
175. Boston State Hospital,
Boston Psychopathic Hospital, Boston;
Metropolitan State Hospital, Waltham, Mass.;
Worcester State Hospital, Worcester, Mass.
176. Boston City Hospital, Boston;
Soldiers' Home, Chelsea, Mass.
177. Evans Memorial Hospital,
Haynes Memorial Hospital,
Massachusetts General Hospital, Boston, Mass.
178. Lakeville Hospital, Middleboro, Mass.
179. Faulkner Hospital, Boston, Mass.
180. Lakeville State Sanatorium, Middleboro, Mass.
181. Massachusetts General Hospital, Boston, Mass.
182. Lemuel Shattuck Hospital,
Massachusetts General Hospital, Boston

188. Massachusetts General Hospital, Boston;
Walter E. Fernal State School, Waverly, Mass.
184. James Jackson Putnam Children's Center,
Douglas A. Thom Clinic,
Massachusetts General Hospital,
Children's Psychiatric Clinic,
Harvard College Student Mental Health Clinic,
V. A. Mental Hygiene Clinic, Boston
185. Newport Hospital, Newport, R. I.
186. Children's Hospital, Boston, Mass.;
Veterans Admin. Hospital, West Roxbury, Mass.
187. Children's Hospital,
New England Deaconess Hospital, Boston;
Pondville Hospital, Walpole, Mass.
188. Veterans Admin. Hospital, West Roxbury, Mass.
189. Veterans Admin. Hospital, Ann Arbor, Mich.
190. Children's Hospital,
Detroit Receiving Hospital, Detroit;
Wayne County General Hospital, Eloise, Mich.
191. Detroit Receiving Hospital, Detroit
192. Detroit Memorial Hospital,
Detroit Receiving Hospital,
Women's Hospital, Detroit
193. Detroit Receiving Hospital, Detroit
194. Children's Hospital,
Detroit Memorial Hospital, Detroit;
Receiving Hospital, Herman Kiefer Hospital,
Women's Hospital, Detroit
195. Herman Kiefer Hospital, Detroit
196. Veterans Admin. Hospital, Dearborn, Mich.;
Detroit Memorial, Oakwood Hospital,
Sinai Hospital, Woman's Hospital, Detroit
197. Lafayette Clinic, Detroit, Mich.
198. Children's Hospital, Detroit Industrial Hospital,
Detroit Receiving Hospital, Herman Kiefer Hospital, Detroit
199. Children's Hospital,
Herman Kiefer Hospital, Detroit
200. Children's Hospital, Detroit
201. Detroit Receiving Hospital,
Herman Kiefer Hospital, Detroit
202. Veterans Admin. Hospital, Minneapolis, Minn.
203. Minneapolis General Hospital, Minneapolis
204. Minneapolis General Hospital,
Elizabeth Kenny Institute,
Northwestern Hospital, Minneapolis;
Ancker Hospital, St. Paul, Minn.
205. Minneapolis General Hospital,
V. A. Hospital, Minneapolis;
Ancker Hospital, St. Paul;
Anoka State Hospital, Anoka, Minn.
206. Minneapolis General Hospital,
Veterans Administration Hospital, Minneapolis;
Ancker Hospital, St. Paul, Minn.
207. Anoka State Hospital, Anoka, Minn.;
Shriners Hospital for Crippled Children,
Veterans Admin. Hospital, Minneapolis;
Ancker Hospital,
Gillette State Hospital, St. Paul, Minn.
208. Minneapolis General Hospital,
Mount Sinai Hospital,
Veterans Admin. Hospital, Minneapolis;
Ancker Hospital, St. Paul, Minn.
209. University of Minnesota Hospitals, Minneapolis;
Gillette State Hospital, St. Paul, Minn.
210. University of Minnesota Hospitals, Minneapolis;
Ancker Hospital, St. Paul, Minn.
211. University of Minnesota Hospitals, Minneapolis, Minn.
212. Minneapolis General Hospital,
University of Minnesota Hospitals, Minneapolis
213. Charles T. Miller Hospital, St. Paul, Minn.
214. Veterans Admin. Hospital, Jackson, Miss.
215. University of Kansas Medical Center, Kansas City, Kansas
216. Children's Mercy Hospital, Kansas City, Mo.
217. Veterans Admin. Hospital, St. Louis
218. University of Missouri Hospital, Columbia, Mo.
219. University of Nebraska Hospital, Omaha, Nebr.
220. Nebraska Psychiatric Institute, Omaha
221. University of Nebraska Hospital,
Veterans Admin. Hospital, Omaha, Nebr.
222. Bishop Clarkson Hospital,
Methodist Hospital, Omaha, Nebr.
223. Children's Memorial Hospital, Omaha
224. Lincoln General Hospital, Lincoln, Nebr.;
Norfolk State Hospital, Norfolk, Nebr.
U. S. Air Force Base Hospital,
Bishop Clarkson Hospital,
Immanuel Hospital, Omaha, Nebr.
225. Hastings State Hospital, Ingleside, Nebr.;
Lincoln State Hospital, Lincoln, Nebr.;
Norfolk State Hospital, Norfolk, Nebr.;
Lutheran Hospital, Omaha, Nebr.
226. Margaret Hague Maternity Hospital Center, Jersey City, N. J.
227. New Jersey Sanitorium for Chest Diseases, Glen Gardner, N. J.
228. Bataan Methodist Memorial Hospital,
Bernalillo County-Indian Hospital, Albuquerque, New Mexico
229. Bernalillo County-Indian Hospital, Albuquerque, New Mexico
230. Albany Hospital, Albany, N. Y.
231. St. Vincent's Hospital, New York City
232. Syracuse Psychopathic Hospital, Syracuse, N. Y.
233. Kings County Hospital, Brooklyn, N. Y.
234. Sea View Hospital, Staten Island, N. Y.
235. State University of New York Upstate Medical Center, Syracuse, N. Y.
236. Maimonides Hospital, Brooklyn, N. Y.
237. Long Island College Hospital, Brooklyn, N. Y.
238. Kings County Hospital, Brooklyn, N. Y.;
Bellevue Medical Center, New York City
239. Children's Hospital, Buffalo, N. Y.
240. E. J. Meyer Memorial Hospital,
Roswell Park Memorial Hospital, Buffalo
241. Children's Hospital,
Roswell Park Memorial Hospital, Buffalo
242. Edward J. Meyer Memorial Hospital, Buffalo
243. Children's Hospital,
Veterans Admin. Hospital, Buffalo;
J. N. Adam Memorial Hospital, Perrysburg, N. Y.
244. Children's Hospital,
Roswell Park Memorial Hospital, Buffalo;
J. N. Adam Memorial Hospital, Perrysburg, N. Y.
245 Roswell Park Memorial Hospital, Buffalo
246. Buffalo General Hospital, Buffalo
247. Buffalo Eye & Ear Hospital,
Wettlaufer Clinic, Buffalo
248. Allied Sisters of Charity Hospital,
Roswell Park Memorial Institute, Buffalo
249. Buffalo General Hospital,
Children's Hospital, Buffalo
250. Buffalo General Hospital,
Children's Hospital, Buffalo;
J. N. Adam Memorial Hospital, Perrysburg, N. Y.
251. Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.
252. Brooklyn Juvenile Guidance Center, Brooklyn, N. Y.;
Mount Sinai Hospital, New York City
253. Hospital for Joint Diseases, New York City
254. Queens General Hospital, Jamaica, N. Y.
255. Payne Whitney Clinic, Cornell University Medical College (New York Hospital) New York City
256. Presbyterian Hospital, New York City
257. Montefiore Hospital, New York City
258. Triboro Hospital, Jamaica, New York
259. Memorial Center for Cancer and Allied Diseases, New York City
260. New York Hospital, New York City
261. Knickerbocker Hospital,
University Hospital, New York City
262. University Hospital,
Veterans Admin. Hospital (Manhattan),
Manhattan V. A. Regional Office, New York City
263. Goldwater Hospital,
Montefiore Hospital,
St. Barnabas Hospital,
St. Vincent's Hospital,
University Hospital, New York City;
Grasslands Hospital, Valhalla, N. Y.;
New York State Rehabilitation Hospital, West Haverstraw, N. Y.
264. University Hospital,
Veterans Admin. Hospital (Manhattan) New York City
265. Knickerbocker Hospital,
Veterans Admin. Hospital (Manhattan),
University Hospital, New York City
266. Central Islip State Hospital, Central Islip, N. Y.;
University Hospital,
Veterans Admin. Hospital (Manhattan) New York City
267. Meadowbrook Hospital, Hempstead, N. Y.;
University Hospital,
Veterans Admin. Hospital (Manhattan), New York City;
State Rehabilitation Center, West Haverstraw, N. Y.
268. Beekman-Downtown Hospital,
Gouverneur Hospital,
Manhattan State Hospital,
University Hospital,
Veterans Admin. Hospital (Manhattan), New York City;
Easton Hosp., Easton, Pa.
269. St. Vincent's Hospital,
University Hospital, New York City
270. Goldwater Memorial Hospital,
Gouverneur Hospital, New York City
271. French Hospital, New York City
272. Bellevue Medical Center—(NYU Division III);
Rehabilitation Institute, New York City
273. Bellevue Medical Center—(NYU Division III), New York City
274. Bellevue Hospital Center, New York City
275. Mount Sinai Hospital, New York City
276. Margaret Hague Hospital, Jersey City, N. J.
277. University Hospital, New York City
278. Bronx Municipal Hospital,
St. Vincent's Hospital, New York City
279. Francis Delafield Hospital,
Goldwater Memorial Hospital, New York City
280. Veterans Admin. Hospital, Sunmount, New York
281. N. Y. State Psychiatric Institute, New York City
282. Creedmoor Institute for Psychobiologic Studies, Queens Village, N. Y.;
New York State Psychiatric Institute,
Mount Sinai Hospital, New York City
283. Strong Memorial Hospital, Rochester, N. Y.
284. Illinois Eye and Ear Infirmary, Chicago
285. N. Y. State Psychiatric Institute, New York City;
Strong Memorial Hospital, Rochester, N. Y.
286. Highland Hospital, Rochester, N. Y.;
Veterans Admin. Hospital, Batavia, N. Y.
287. Genesee Hospital, Rochester, N. Y.
288. Rochester State Hospital, Rochester, N. Y.
289. St. Michael's Hospital, Newark, N. J.
290. St. Luke's Hospital, New York City
291. Richmond Borough Hospital for Cont. Dis., Staten Island, N. Y.
292. Columbia-Presbyterian Medical Center, New York, N. Y.
293. Ellis Hospital, Schenectady, N. Y.
294. Payne Whitney Clinic of the New York Hospital,
Neurological Institute,
Montefiore Hospital, New York City;
Grasslands Hospital, Valhalla, N. Y.
295. Flower & Fifth Avenue—New York Medical College Hospital,
New York City
296. New York University, Bellevue Medical Center, New York City
297. Lincoln Hospital,
Watts Hospital,
North Carolina Cerebral Palsy Hospital, Durham, No. Car.;
Charlotte Memorial Hospital, Charlotte, No. Car.;
Warm Springs Foundation Hospital, Warm Springs, Ga.
298. Charity Hospital of Louisiana, New Orleans, La.;
Watts Hospital, Durham, No. Car.
299. Veterans Admin. Hospital, Durham, No. Car.
300. Veterans Admin. Hospital,
Watts Hospital, Durham, No. Car.;
North Carolina Sanitarium, McCain, No. Car.
301. Children's Hospital, Akron, Ohio

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302. Cincinnati General Hospital, Cincinnati, Ohio
303. Longview State Hospital, Cincinnati, Ohio
304. University Hospital,
Veterans Admin. Hospital, Cleveland, Ohio
305. Cleveland City Hospital,
Veterans Admin. Hospital, Cleveland, Ohio
306. Cleveland City Hospital, Cleveland
307. University Hospitals, Cleveland
308. Veterans Admin. Hospital, Brecksville, Ohio
309. Cleveland City Hospital,
University Hospitals, Cleveland
310. Juvenile Diagnostic Center and Columbus Receiving Hospital for Children, Columbus, Ohio
311. Children's Mental Health Center,
Columbus Receiving Hospital for Children,
Columbus Psychiatric Clinic, Columbus, Ohio
312. Children's Hospital, Columbus, Ohio
313. University Hospital, Columbus, Ohio
314. Florence Crittenton Home,
St. Ann's Hospital for Women, Columbus, Ohio
315. James Hospital (Ohio State Penitentiary) Columbus, Ohio
316. Ohio Tuberculosis Hospital, Columbus, Ohio
317. Columbus Receiving Hospital, Columbus, Ohio
318. Maumee Valley Hospital, Toledo, Ohio
319. Central State Hospital, Norman, Okla.
320. Mercy Hospital, Oklahoma City, Okla.
321. Wesley Hospital, Oklahoma City, Okla.
322. Central State Hospital, Norman, Okla.;
Mercy Hospital, Oklahoma City, Okla.
323. Central State Hospital, Norman, Okla.;
Veterans Admin. Hospital, Oklahoma City
324. University of Oklahoma Hospitals, Oklahoma City
325. University Hospital,
Wesley Hospital, Oklahoma City, Okla.
326. St. Vincent's Hospital, Portland, Oregon
327. Veterans Admin. Hospital, Portland, Oregon
328. Good Samaritan Hospital, Portland, Oregon
329. Oregon State Hospital, Salem, Oregon
330. Institute of the Pennsylvania Hospital,
Temple University Hospital,
Univ. of Pennsylvania Hospital,
Veterans Admin. Hospital,
Mental Hygiene Clinic, Philadelphia
331. Children's Service Center of Wyoming Valley, Wilkes-Barre, Pa.;
Delaware State Hospital, Farnhurst, Del.;
Governor Bacon Health Center, Delaware City, Delaware
332. Norristown State Hospital, Norristown, Pa.
333. Jefferson Medical College Hospital,
Municipal Mospital, Philadelphia
334. Philadelphia General Hospital—Northern Division, Philadelphia
335. Philadelphia Psychiatric Hospital, Philadelphia
336. St. Christopher's Hospital, Philadelphia
337. Shriners Hospital for Crippled Children, Philadelphia
338. University of Pittsburgh Medical Center, Pittsburgh, Pa.
339. Allegheny General Hospital,
St. Francis General Hospital,
Veterans Admin. Hospital,
Western Pennsylvania Hospital, Pittsburgh, Pa.
340. Western Psychiatric Institute, Pittsburgh, Pa.
341. Children's Hospital,
Boston Lying-In Hospital, Boston, Mass.
342. Children's Hospital, Boston, Mass.;
Providence Lying-In Hospital, Providence, R. I.;
Emma Pendleton Bradley Home, Riverside, R. I.
343. Boston City Hospital,
Massachusetts Memorial Hospital, Boston, Mass.
344. John Gaston Hospital, Memphis, Tenn.
345. Crippled Children's Hospital School,
Hospital for Crippled Adults,
John Gaston Hospital, Memphis
346. West Tennessee T. B. Hospital,
West Tennessee Cancer Clinic, Memphis
347. Parkland Memorial Hospital, Dallas, Texas
348. Baylor University Hospital,
Children's Memorial Hospital, Dallas, Texas
349. Children's Medical Center,
Parkland Memorial Hospital, Dallas, Texas
350. Children's Memorial Hospital,
Gaston Hospital,
Parkland Memorial Hospital, Dallas, Texas
351. Southern Pacific Hospital,
University of Texas M. D. Anderson Hospital and Cancer Institute, Houston, Texas
352. University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas
353. Methodist Hospital,
University of Texas M. D. Anderson Hospital and Tumor Institute,
Veterans Admin. Hospital, Houston, Texas
354. Veterans Admin. Hospital, Houston, Texas
355. St. Luke's Hospital,
University of Texas M. D. Anderson Hospital and Cancer Institute, Houston, Texas
356. Southern Pacific Hospital,
University of Texas M. D. Anderson Hospital and Cancer Institute, Houston, Texas
357. Hermann Hospital, Houston, Texas
358. St. Luke's Hospital,
St. Joseph's Hospital, Houston, Texas
359. Jefferson Davis Hospital, Houston, Texas
360. Jefferson Davis Hospital, Houston, Texas
361. Jefferson Davis Hospital,
Methodist Hospital,
University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas
362. Hermann Hospital,
Jefferson Davis Hospital, Houston, Texas
363. Jefferson Davis Hospital,
Methodist Hospital,
St. Luke's Hospital, Houston, Texas
364. Baylor University Hospital,
Texas Children's Hospital, Dallas, Texas
365. Scottish Rite Hospital for Crippled Children, Dallas, Texas
366. Salt Lake County General Hospital, Salt Lake City, Utah
367. Salt Lake County General Hospital,
Veterans Admin. Hospital,
Ft. Douglas Division, Salt Lake City, Utah
368. Holy Cross Hospital, Salt Lake City, Utah
369. City Physicians, Burlington, Vt.;
Vermont State Hospital, Waterbury, Vt.;
Veterans Admin. Hospital, Sunmount, N. Y.
370. Boston Lying-In Hospital, Boston, Mass.
371. Children's Medical Center, Boston, Mass.
372. University of Virginia Hospital, Charlottesville, Va.
373. Veterans Admin. Hospital, Richmond, Va.
374. Medical College of Virginia—Hospital Division, Richmond, Va.
375. Milwaukee Children's Hospital, Milwaukee, Wis.
376. Milwaukee Children's Hospital, Milwaukee, Wis.
Veterans Admin. Hospital, Wood, Wis.
377. Milwaukee Hospital, Milwaukee, Wis.
378. Columbia Hospital, Milwaukee, Wis.
379. Veterans Admin. Hospital, Wood, Wis.
380. Milwaukee County Hospital, Milwaukee, Wis.
381. Mount Sinai Hospital, Milwaukee, Wis.
382. Milwaukee County General Hospital, Wauwatosa, Wis.;
Milwaukee County Dispensary Service, Milwaukee, Wis.;
Milwaukee County Hospital for Mental Diseases;
Muirdale (TB) Sanatorium, Milwaukee, Wis.
383. Milwaukee County Hospital,
Milwaukee County Dispensary, Milwaukee, Wis.
384. St. Francis Hospital, Honolulu, T. H.
385. Queen's Hospital, Honolulu, T. H.
386. Burbank Hospital, Fitchburg, Mass.
387. Albany Hospital, Albany, N. Y.;
Psychiatric Institute, New York, N. Y.;
Rockland State Hospital, Orangeburg, N. Y.;
Letchworth Village, Thiells, N. Y.;
Grasslands Hospital, Valhalla, N. Y.
388. Veterans Admin. Research Hospital, Chicago;
Veterans Admin. Hospital, Hines, Ill.
389. Holy Cross Hospital,
St. Mark's Hospital,
Salt Lake County General Hospital,
Veterans Administration Hospitals, Salt Lake City
390. A two year program has been submitted and is under consideration by the Residency Review Committee.
391. Veterans Admin. Hospital, Atlanta, Ga.
392. Children's Medical Center, Boston, Mass.
393. Two year program.
394. Memphis, Eye, Ear, Nose and Throat Hospital, Memphis, Tenn.
395. LaRue D. Carter Memorial Hospital, Indianapolis
396. Passavant Memorial Hospital,
Veterans Administration Research Hospital, Chicago
397. In addition to three intramural years at White Memorial Hospital, co-ordinated three year program: White Memorial Hospital affords two years, Presbyterian Hospital-Olmstead Memorial one year. Residents should apply to White Memorial Hospital.
398. In addition to three intramural years at Veterans Administration Hospital, co-ordinated three year program: Touro Infirmary affords one year, Veterans Administration Hospital final two years. Residents should apply to Veterans Administration Hospital.
399. Co-ordinated three year program: Peter Bent Brigham Hospital affords two years, V. A. Hospital, West Roxbury, Mass. one year. Residents should apply to Peter Bent Brigham Hospital.
400. In addition to three intramural years at Lincoln Hospital, co-ordinated three year program: Lincoln Hospital affords two years, Hackensack Hospital one year. Residents should apply to Lincoln Hospital.
401. In addition to three intramural years at North Carolina Memorial Hospital, co-ordinated three year program: Watts Hospital affords two years, North Carolina Memorial Hospital one year. Residents should apply to Watts Hospital.
402. Co-ordinated three year program: St. Vincent's Hospital affords two years, Maumee Valley Hospital one year. Residents should apply to St. Vincent's Hospital.
403. In addition to three intramural years at Graduate Hospital of the University of Pennsylvania, co-ordinated three year program: Graduate Hospital affords two years, final year at Mercy Hospital. Residents should apply to Graduate Hospital.
404. In addition to three intramural years at City of Memphis Hospitals, co-ordinated three year program: City of Memphis Hospitals afford two years, Baptist Memorial Hospital one year. Residents should apply to City of Memphis Hospitals.
405. Co-ordinated three year program: Buffalo General Hospital affords two years, Roswell Park Memorial one (final) year. Residents should apply to Buffalo General Hospital.
406. Veterans Admin. Hospital, 1481 W. Tenth Street, Indianapolis
407. Approved for two years only as of July 1, 1958.

APPROVED RESIDENCY TRAINING PROGRAMS

Number of Institutions, 1,256, Number of Programs, 5,255

Name	Location	Approved Residencies
Birmingham Baptist Hospital *	Birmingham, Ala.	Path., Rad.
Carraway Methodist Hospital *	Birmingham, Ala.	Gen'l Pract., Int. Med., Obst., Path., Surg., Urol.
Children's Hospital	Birmingham, Ala.	Neur., Ped., Psych.
Crippled Children's Hospital	Birmingham, Ala.	Ortho. Surg.
University Hospital and Hillman Clinic *	Birmingham, Ala.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Birmingham, Ala.	Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Lloyd Noland Hospital *	Fairfield, Ala.	Anes., Derm., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
U. S. Air Force Hospital	Maxwell Air Force Base, Ala.	Gen'l Pract.
Mobile County Hospital *	Mobile, Ala.	Int. Med., Ortho. Surg., Path., Ped., Surg.
Veterans Admin. Hospital	Tuskegee, Ala.	Int. Med., Ophth., Surg.
Good Samaritan Hospital *	Phoenix, Ariz.	Gen'l Pract., Ob.-Gyn., Path., Surg.
Maricopa County General Hospital *	Phoenix, Ariz.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Surg.
St. Joseph's Hospital *	Phoenix, Ariz.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital and Sanatorium *	Tucson, Ariz.	Gen'l Pract., Int. Med., Surg.
Tucson Medical Center *	Tucson, Ariz.	Surg.
Arkansas Baptist Hospital *	Little Rock, Ark.	Ophth., Path., Surg.
Arkansas Children's Hospital	Little Rock, Ark.	Ortho. Surg.
St. Vincent Infirmary *	Little Rock, Ark.	Anes.
University Hospital *	Little Rock, Ark.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Little Rock, Ark.	Int. Med., Path., Surg.
Veterans Admin. Hospital	North Little Rock, Ark.	Psych.
St. Michael's Hospital	Texarkana, Ark.	Gen'l Pract.
Agnews State Hospital	Agnew, Calif.	Psych.
General Hospital of Riverside County *	Arlington, Calif.	Gen'l Pract., Int. Med., Surg.
Kern County General Hospital	Bakersfield, Calif.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Herrick Memorial Hospital *	Berkeley, Calif.	Int. Med., Ob.-Gyn., Path., Psych., Surg.
State of California	Berkeley, Calif.	Pub. Health.
St. Joseph Hospital	Burbank, Calif.	Path.
Camarillo State Hospital	Camarillo, Calif.	Psych.
Compton Sanitarium	Compton, Calif.	Psych.
City of Hope Medical Center	Duarte, Calif.	Int. Med., Mal. Dis., Path., Pul. Dis., Thor. Surg.
San Joaquin General Hospital *	French Camp, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
General Hospital of Fresno County *	Fresno, Calif.	Int. Med., Ob.-Gyn., Ophth., Ped., Surg.
Glendale Sanitarium and Hospital *	Glendale, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
Napa State Hospital	Imola, Calif.	Psych.
Loma Linda Sanitarium and Hospital *	Loma Linda, Calif.	Path.
St. Mary's Long Beach Hospital *	Long Beach, Calif.	Gen. Pract., Path.
Seaside Memorial Hospital *	Long Beach, Calif.	Int. Med., Obst., Path., Ped., Rad., Surg.
Veterans Admin. Hospital *	Long Beach, Calif.	Allergy, Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Barlow Sanatorium	Los Angeles	Pul. Dis.
California Babies' and Children's Hospital	Los Angeles	Ped.
California Hospital *	Los Angeles	Int. Med., Ob.-Gyn., Path., Surg.
Cedars of Lebanon Hospital *	Los Angeles	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Children's Hospital *	Los Angeles	Ortho. Surg., Path., Ped.
Hospital of the Good Samaritan *	Los Angeles	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Kaiser Foundation Hospital	Los Angeles	Ob.-Gyn., Urol.
Los Angeles County Hospital *	Los Angeles	Anes., Derm., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Los Angeles Eye and Ear Hospital	Los Angeles	Ophth.
Orthopedic Hospital	Los Angeles	Ortho. Surg.
Presbyterian Hospital-Olmsted Memorial *	Los Angeles	Int. Med., Mal. Dis., Ob.-Gyn., Surg., Urol.
Queen of Angels Hospital *	Los Angeles	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Vincent's Hospital	Los Angeles	Int. Med., Path., Surg.
Santa Fe Coast Lines Hospital *	Los Angeles	Surg.
Shriners Hospital for Crippled Children	Los Angeles	Ortho. Surg.
University of California Hospital *	Los Angeles	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital *	Los Angeles	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phy. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
White Memorial Hospital *	Los Angeles	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Proct., Rad., Surg., Urol.
Contra Costa County Hospital	Martinez, Calif.	Gen'l Pract.
Bret Harte Sanatorium	Murphys, Calif.	Pul. Dis.
Metropolitan State Hospital	Norwalk, Calif.	Psych.
Children's Hospital of the East Bay	Oakland, Calif.	Ortho. Surg., Ped.
Highland-Alameda County Hospital *	Oakland, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Kaiser Foundation Hospital *	Oakland, Calif.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Samuel Merritt Hospital	Oakland, Calif.	Anes., Ortho. Surg., Path., Surg.
U. S. Naval Hospital *	Oakland, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Oakland, Calif.	Neur., Path., Phy. Med.
Veterans Admin. Hospital	Palo Alto, Calif.	Psych.
Collis P. and Howard Huntington Memorial Hosp. *	Pasadena, Calif.	Int. Med., Neuro. Surg., Path., Surg.
Patton State Hospital	Patton, Calif.	Psych.
Pacific State Hospital	Pomona, Calif.	Psych.
Sequoia Hospital	Redwood City, Calif.	Path.
Sacramento County Hospital *	Sacramento, Calif.	Gen'l Pract., Path
Sutter General Hospital	Sacramento, Calif.	Rad.
Monterey County Hospital	Salinas, Calif.	Gen'l Pract.
San Bernardino County Charity Hospital *	San Bernardino, Calif.	Int. Med., Path., Surg.
Mercy Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
San Diego County General Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
U. S. Naval Hospital *	San Diego, Calif.	Allergy, Anes., Derm., Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Children's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Ped., Rad., Surg.
Franklin Hospital *	San Francisco	Int. Med., Ortho. Surg., Path., Plas. Surg., Urol.
French Hospital *	San Francisco	Int. Med., Path., Surg.
Kaiser Foundation Hospital *	San Francisco	Allergy, Anes., Int. Med., Ob.-Gyn., Path., Psych.
Langley Porter Clinic-Hospital	San Francisco	Psych.
Letterman Army Hospital *	San Francisco	Anes., Card. Dis., Derm., Gastro., Int. Med., Neuro., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mary's Help Hospital *	San Francisco	Int. Med., Ob.-Gyn., Surg.
Mount Zion Hospital *	San Francisco	Anes., Int. Med., Path., Ped., Psych., Rad., Surg.
St. Francis Memorial Hospital	San Francisco	Anes., Ob.-Gyn., Path., Plas. Surg., Rad.
St. Joseph's Hospital	San Francisco	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.

* Indicates hospitals approved for training interns.

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Name	Location	Approved Residencies
St. Luke's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Path., Surg.
St. Mary's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
San Francisco Hospital *		
Stanford University Service	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Pul. Dis., Surg., Urol.
University of California Service	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Pul. Dis., Surg., Urol.
Shriners Hospital for Crippled Children	San Francisco	Ortho. Surg.
Southern Pacific General Hospital *	San Francisco	Int. Med., Surg., Urol.
Stanford University Hospital *	San Francisco	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., **Otol., Path.**, Ped., Psych., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	San Francisco	Int. Med., Surg.
University of California Hospital *	San Francisco	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., **Ob.-Gyn.**, Ophth., Ortho. Surg., Otol., Path., Ped., Phy. Med., Rad., Surg., Urol.
Veterans Admin. Hospital	San Francisco	Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Surg., Urol.
O'Connor Hospital	San Jose, Calif.	Path.
Santa Clara County Hospital *	San Jose, Calif.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Fairmont Hospital of Alameda County	San Leandro, Calif.	Pul. Dis.
Community Hospital of San Mateo County	San Mateo, Calif.	Int. Med., Path., Surg.
Santa Barbara Cottage Hospital *	Santa Barbara, Calif.	Int. Med., Path., Surg.
Santa Barbara General Hospital	Santa Barbara, Calif.	Surg.
St. John's Hospital *	Santa Monica, Calif.	Ob.-Gyn., Path., Ped., Surg.
Sonoma County Hospital	Santa Rosa, Calif.	Gen'l Pract.
Veterans Admin. Hospital	Sepulveda, Calif.	Psych.
Tulare-Kings Counties Joint Tuberculosis Hospital	Springville, Calif.	Pul. Dis.
Harbor General Hospital *	Torrance, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Tulare County General Hospital	Tulare, Calif.	Gen'l Pract.
Kaiser Foundation Hospital (California Rehabilitation Center)	Vallejo, Calif.	Phy. Med.
Glockner-Penrose Hospital *	Colorado Springs, Colo.	Gen'l Pract., Path., Rad.
St. Francis Hospital	Colorado Springs, Colo.	Gen'l Pract.
Children's Hospital	Denver	Ortho. Surg., Path., Ped., Surg.
Fitzsimons Army Hospital *	Denver	Anes., Card. Dis., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg.
General Rose Memorial Hospital *	Denver	Path., Rad.
Mercy Hospital *	Denver	Int. Med., Path., Surg.
National Jewish Hospital	Denver	Pul. Dis., Thor. Surg.
Porter Sanitarium and Hospital *	Denver	Path.
Presbyterian Hospital *	Denver	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Anthony Hospital *	Denver	Path.
St. Joseph's Hospital *	Denver	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Denver	Int. Med., Path., Rad., Surg.
University of Colorado Medical Center		
Colorado General Hospital *	Denver	Anes., Derm., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg. Path., Ped., Phys. Med. Pul. Dis., Rad., Surg., Urol.
Colorado Psychopathic Hospital	Denver	Psych.
Denver General Hospital *	Denver	Anes., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., **Ortho. Surg.**, Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Denver	Anes., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Weld County Hospital *	Greeley, Colo.	Path.
Colorado State Hospital	Pueblo, Colo.	Int. Med., Path., Surg.
Bridgeport Hospital *	Bridgeport, Conn.	Anes., Gen'l Pract., Int. Med., Obst., Path., Rad., Surg.
St. Vincent's Hospital *	Bridgeport, Conn.	Int. Med., Obst., Path., Rad., Surg.
Danbury Hospital *	Danbury, Conn.	Path.
Greenwich Hospital *	Greenwich, Conn.	Gen'l Pract., Int. Med., Path., Surg.
Hartford Hospital *	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg.
Hartford Municipal Hospital and Health Center *	Hartford, Conn.	Int. Med., Surg.
Institute of Living	Hartford, Conn.	Psych.
St. Francis Hospital *	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Surg.
Meriden Hospital *	Meriden, Conn.	Path., Surg.
Connecticut State Hospital	Middletown, Conn.	Psych.
Middlesex Hospital *	Middletown, Conn.	Path.
New Britain General Hospital *	New Britain, Conn.	Int. Med., Ob.-Gyn., Path., Surg.
Silver Hill Foundation	New Canaan, Conn.	Psych.
Grace-New Haven Community Hospital *	New Haven, Conn.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of St. Raphael *	New Haven, Conn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Cedarcrest Hospital	Newington, Conn.	Pul. Dis., Thor. Surg.
Newington Home and Hospital for Crippled Children	Newington, Conn.	Ortho. Surg.
Veterans Admin. Hospital	Newington, Conn.	Int. Med., Path., Surg.
Lawrence and Memorial Hospitals *	New London, Conn.	Int. Med., Ob.-Gyn., Surg.
Fairfield State Hospital	Newtown, Conn.	Psych.
Norwalk Hospital *	Norwalk, Conn.	Int. Med., Obst., Path., Surg.
Norwich State Hospital	Norwich, Conn.	Psych.
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	Pul. Dis., Thor. Surg.
State of Connecticut Vet. Home & Hospital	Rocky Hill, Conn.	Phy. Med.
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	Pul. Dis.
Stamford Hospital *	Stamford, Conn.	Path.
Charlotte Hungerford Hospital	Torrington, Conn.	Gen'l Pract.
St. Mary's Hospital *	Waterbury, Conn.	Int. Med., Path., Rad., Surg.
Waterbury Hospital *	Waterbury, Conn.	Int. Med., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	West Haven, Conn.	Card. Dis., Gastro., Int. Med., Neur., Path., Psych., Pul. Dis., Rad., Surg., Urol.
State of Delaware	Dover, Del.	Pub. Health.
Delaware State Hospital	Farmhurst, Del.	Psych.
Alfred I. duPont Institute of Nemours Foundation	Wilmington, Del.	Ortho. Surg.
Delaware Hospital *	Wilmington, Del.	Int. Med., Ob.-Gyn., Path. Ped., Rad., Surg., Urol.
Memorial Hospital *	Wilmington, Del.	Int. Med., Path., Surg
Wilmington General Hospital *	Wilmington, Del.	Gen'l Pract., Int. Med., Path.
Armed Forces Institute of Pathology	Washington, D. C.	Path.
Army Medical Center * (Walter Reed Army Hospital)	Washington, D. C.	Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Central Dispensary and Emergency Hospital *	Washington, D. C.	Int. Med., Ortho. Surg., Path., Rad., Surg.
Children's Hospital	Washington, D. C.	Path., Ped.
Columbia Hospital for Women and Lying-In Asylum	Washington, D. C.	Ob.-Gyn.
District of Columbia General Hospital *	Washington, D. C.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Doctor's Hospital *	Washington, D. C.	Anes., Ob.-Gyn., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital	Washington, D. C.	Gen'l Pract., Surg.
Episcopal Eye, Ear, and Throat Hospital	Washington, D. C.	Ophth., Otol.
Freedmen's Hospital *	Washington, D. C.	Card. Dis., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Garfield Memorial Hospital *	Washington, D. C.	Anes., Ob.-Gyn., Path., Rad., Surg.
Georgetown University Hospital *	Washington, D. C.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Ped., Phys. Med., Psych., Rad., Surg.
George Washington University Hospital *	Washington, D. C.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path. Phys. Med., Psych., Rad., Surg., Thor. Surg.
Providence Hospital *	Washington, D. C.	Int. Med., Ob.-Gyn., Path., Surg.
St. Elizabeths Hospital *	Washington, D. C.	Psych.
Sibley Memorial Hospital	Washington, D. C.	Path.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Tuberculosis Sanatorium (Glendale, Md.)	Washington, D. C.	Pul. Dis.
Veterans Admin. Hospital	Washington, D. C.	Int. Med., Neur., Path., Rad., Surg., Urol.
Veterans Admin. Hospital	Coral Gables, Fla.	Int. Med., Path., Surg.
Halifax District Hospital	Daytona Beach, Fla.	Gen'l Pract.
Baptist Memorial Hospital *	Jacksonville, Fla.	Gen'l Pract., Path.
Duval Medical Center *	Jacksonville, Fla.	Int. Med., Ob.-Gyn., Path., Ped., Psych., Surg., Urol.
Hope Haven Hospital	Jacksonville, Fla.	Ortho. Surg.
Riverside Hospital	Jacksonville, Fla.	Int. Med., Surg.
St. Luke's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
St. Vincent Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
State of Florida	Jacksonville, Fla.	Pub. Health
Jackson Memorial Hospital *	Miami, Fla.	Anes., Card. Dis., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Variety Children's Hospital	Miami, Fla.	Ortho. Surg., Ped.
Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.	Int. Med., Ob.-Gyn., Path., Surg.
St. Francis Hospital *	Miami Beach, Fla.	Int. Med., Ob.-Gyn., Surg.
Orange Memorial Hospital *	Orlando, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg., Urol.
Baptist Hospital	Pensacola, Fla.	Gen'l Pract.
Sacred Heart Hospital *	Pensacola, Fla.	Gen'l Pract.
U. S. Navy School of Aviation Medicine	Pensacola, Fla.	Aviat. Med.
American Legion Hospital for Crippled Children	St. Petersburg, Fla.	Ortho. Surg.
Mound Park Hospital *	St. Petersburg, Fla.	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
Tampa General Hospital *	Tampa, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Surg.
Crawford W. Long Memorial Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Georgia Baptist Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Grady Memorial Hospital *	Atlanta, Ga.	Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Henrietta Egleston Hospital for Children	Atlanta, Ga.	Ped.
Piedmont Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary *	Atlanta, Ga.	Card. Dis., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Veterans Admin. Hospital *	Atlanta, Ga.	Int. Med., Ophth., Path., Rad., Surg., Urol.
Eugene Talmadge Memorial Hospital	Augusta, Ga.	Int. Med., Ophth., Psych., Rad., Surg., Urol.
University Hospital *	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Augusta, Ga.	Int. Med., Psych., Rad., Surg.
The Medical Center *	Columbus, Ga.	Gen'l Pract.
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	Ortho. Surg.
Emory University Hospital *	Emory University, Ga.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Rad., Surg.
U. S. Army Hospital	Fort Benning, Ga.	Surg.
Macon Hospital *	Macon, Ga.	Gen'l Pract.
Memorial Hosp. of Chatham County *	Savannah, Ga.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
Georgia Warm Springs Foundation	Warm Springs, Ga.	Phys. Med.
St. Joseph's Hospital	Alton, Ill.	Gen'l Pract.
MacNeal Memorial Hospital *	Berwyn, Ill.	Gen'l Pract., Surg.
Alexian Brothers Hospital	Chicago	Path.
American Hospital *	Chicago	Path., Surg.
Augustana Hospital *	Chicago	Int. Med., Obst., Path., Rad., Surg.
Chicago Eye, Ear, Nose and Throat Hospital	Chicago	Ophth.
Chicago Maternity Center	Chicago	Obst.
Chicago State Hospital	Chicago	Psych.
Chicago State Tuberculosis Sanitarium	Chicago	Pulm. Dis., Thor. Surg.
Chicago Wesley Memorial Hospital *	Chicago	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital	Chicago	Card. Dis., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
City of Chicago Dept. of Welfare Convalescent Home	Chicago	Phy. Med.
City of Chicago Municipal Tuberculosis Sanatorium	Chicago	Pul. Dis., Thor. Surg.
Columbus Hospital *	Chicago	Int. Med.
Cook County Hospital *	Chicago	Con. Dis., Derm., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Edgewater Hospital *	Chicago	Path.
Englewood Hospital *	Chicago	Obst., Path., Surg.
Frank Cuneo Memorial Hospital	Chicago	Ob.-Gyn.
Grant Hospital *	Chicago	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Henrotin Hospital	Chicago	Surg.
Hospital of St. Anthony de Padua *	Chicago	Obst., Surg.
Illinois Central Hospital *	Chicago	Int. Med., Surg.
Illinois Eye and Ear Infirmary	Chicago	Ophth., Otol.
Illinois Masonic Hospital *	Chicago	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Lewis Memorial Maternity Hospital	Chicago	Ob.-Gyn.
Loretto Hospital *	Chicago	Psych.
Lutheran Deaconess Home and Hospital *	Chicago	Obst.
Mercy Hospital *	Chicago	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital *	Chicago	Anes., Card. Dis., Int. Med., Mal. Dis., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Mount Sinai Hospital *	Chicago	Anes., Card. Dis., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Northwestern University Medical Center	Chicago	Allergy, Derm., Neur., Neuro. Surg., Phys. Med., Psych.
Norwegian-American Hospital *	Chicago	Int. Med., Path., Surg.
Passavant Memorial Hospital *	Chicago	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Rad., Surg.
Presbyterian Hospital *	Chicago	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Provident Hospital *	Chicago	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Ravenswood Hospital *	Chicago	Int. Med., Ob.-Gyn., Path., Surg.
St. Anne's Hospital	Chicago	Obst., Path., Surg.
St. Elizabeth Hospital *	Chicago	Ob.-Gyn., Ortho. Surg.
St. Joseph Hospital *	Chicago	Int. Med., Ob.-Gyn., Path., Surg.
St. Luke's Hospital *	Chicago	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth. Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
St. Mary of Nazareth Hospital *	Chicago	Gen'l Pract., Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Chicago	Ortho. Surg.
South Shore Hospital *	Chicago	Gen'l Pract.
Swedish Covenant Hospital *	Chicago	Obst.
University of Chicago Clinics *	Chicago	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
University of Illinois Neuropsychiatric Institute	Chicago	Neur., Neuro. Surg., Psych.
University of Illinois Research and Educational Hospitals *	Chicago	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Research Hospital	Chicago	Gastro., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. (West Side) Hospital	Chicago	Int. Med., Path., Psych., Surg.
Woodlawn Hospital *	Chicago	Int. Med., Surg.
Decatur and Macon County Hospital *	Decatur, Ill.	Gen'l Pract.
Veterans Admin. Hospital	Downey, Ill.	Psych.
Elgin State Hospital	Elgin, Ill.	Psych.
Evanston Hospital *	Evanston, Ill.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
St. Francis Hospital *	Evanston, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Little Company of Mary Hospital *	Evergreen Park, Ill.	Ob.-Gyn., Ped., Rad., Surg.
Galesburg State Research Hospital	Galesburg, Ill.	Psych.
U. S. Naval Hospital *	Great Lakes, Ill.	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	Hines, Ill.	Anes., Derm., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital	Joliet, Ill.	Anes.

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Name	Location	Approved Residencies
West Suburban Hospital *	Oak Park, Ill.	Ob.-Gyn., Ortho. Surg.
Institute of Physical Medicine & Rehabilitation	Peoria, Ill.	Phy. Med.
Methodist Hospital of Central Illinois *	Peoria, Ill.	Gen'l Pract., Obst., Path., Surg.
Peoria Municipal Tuberculosis Sanitarium	Peoria, Ill.	Pul. Dis.
St. Francis Hospital *	Peoria, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
U. S. Air Force Hospital	Rantoul, Ill.	Surg.
Rockford Memorial Hospital *	Rockford, Ill.	Path.
St. Anthony's Hospital *	Rockford, Ill.	Ob.-Gyn., Path., Surg
State of Illinois	Springfield, Ill.	Pub. Health
Carle Memorial Hospital	Urbana, Ill.	Rad.
Lake County Tuberculosis Sanatorium	Waukegan, Ill.	Pul. Dis.
North Shore Health Resort	Winnetka, Ill.	Psych.
St. Francis Hospital	Beech Grove, Ind.	Gen'l Pract.
Clinic Hospital	Bluffton, Ind.	Int. Med., Rad., Surg.
St. Joseph's Hospital *	Fort Wayne, Ind.	Path.
Methodist Hospital *	Gary, Ind.	Gen'l Pract., Path.
St. Margaret Hospital *	Hammond, Ind.	Gen'l Pract.
Central State Hospital	Indianapolis	Psych.
Indianapolis General Hospital *	Indianapolis	Anes., Card. Dis., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Indiana University Medical Center *	Indianapolis	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Methodist Hospital *	Indianapolis	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
St. Vincent's Hospital *	Indianapolis	Card. Dis., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Sunnyside Sanatorium	Indianapolis	Pul. Dis.
Veterans Admin. Hospital	Indianapolis	Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg.
St. Elizabeth Hospital *	Lafayette, Ind.	Int. Med., Ob.-Gyn., Path.
Logansport State Hospital	Logansport, Ind.	Psych.
Ball Memorial Hospital *	Muncie, Ind.	Path., Surg.
Healthwin Hospital	South Bend, Ind.	Pul. Dis.
Memorial Hospital *	South Bend, Ind.	Anes., Gen'l Pract., Path.
South Bend Medical Foundation	South Bend, Ind.	Path.
Dr. Norman M. Beatty Memorial Hospital	Westville, Ind.	Psych.
St. Luke's Methodist Hospital *	Cedar Rapids, Iowa	Gen'l Pract., Path.
Mental Health Institute	Cherokee, Iowa	Psych.
Broadlawns—Polk County Hospital*	Des Moines, Iowa	Gen'l Pract., Surg.
Iowa Methodist Hospital *	Des Moines, Iowa	Int. Med., Path., Ped., Rad., Surg.
Mercy Hospital *	Des Moines, Iowa	Path.
Veterans Admin. Hospital	Des Moines, Iowa	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Iowa State Psychopathic Hospital	Iowa City	Psych.
Mercy Hospital *	Iowa City	Ortho. Surg., Surg.
State University of Iowa Hospitals *	Iowa City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Iowa City	Anes., Int. Med., Neur., Otol., Path., Rad., Surg.
St. Margaret Hospital *	Kansas City, Kan.	Surg.
University of Kansas Medical Center *	Kansas City, Kan.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
C. F. Menninger Memorial Hospital	Topeka, Kan.	Psych.
State of Kansas	Topeka, Kan.	Pub. Health
Topeka State Hospital	Topeka, Kan.	Psych.
Veterans Admin. Hospital	Topeka, Kan.	Int. Med., Neur., Psych.
Veterans Admin. Hospital	Wadsworth, Kan.	Ortho. Surg., Rad., Surg., Urol.
St. Francis Hospital *	Wichita, Kan.	Gen'l Pract., Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Veterans Admin. Hospital	Wichita, Kan.	Surg.
Wesley Hospital *	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Wichita—St. Joseph Hospital *	Wichita, Kan.	Path.
St. Elizabeth Hospital *	Covington, Ky.	Path.
William Booth Memorial Hospital	Covington, Ky.	Gen'l Pract.
U. S. Army Hospital	Fort Campbell, Ky.	Surg.
U. S. Army Hospital	Fort Knox, Ky.	Gen'l Pract., Surg.
Central State Hospital	Lakeland, Ky.	Psych.
Good Samaritan Hospital *	Lexington, Ky.	Int. Med., Ortho. Surg., Surg.
St. Joseph Hospital *	Lexington, Ky.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg., Urol.
Shriners Hospital for Crippled Children	Lexington, Ky.	Ortho. Surg.
U. S. Public Health Service Hospital	Lexington, Ky.	Psych.
Veterans Admin. Hospital	Lexington, Ky.	Psych.
Children's Hospital	Louisville, Ky.	Path., Ped.
Kosair Crippled Children's Hospital	Louisville, Ky.	Ortho. Surg.
Louisville General Hospital *	Louisville, Ky.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary *	Louisville, Ky.	Psych.
St. Anthony's Hospital *	Louisville, Ky.	Gen'l Pract.
St. Joseph's Infirmary *	Louisville, Ky.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Louisville, Ky.	Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Lafayette Charity Hospital	Lafayette, La.	Gen'l Pract., Surg.
St. Patrick's Hospital	Lake Charles, La.	Gen'l Pract.
Charity Hospital of Louisiana *	New Orleans	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Eye, Ear, Nose and Throat Hospital	New Orleans	Ophth., Otol.
Hotel Dieu *	New Orleans	Ob.-Gyn., Path., Ped., Rad., Surg.
Ochsner Foundation Hospital *	New Orleans	Anes., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Proct., Rad., Surg., Urol.
Southern Baptist Hospital *	New Orleans	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Touro Infirmary *	New Orleans	Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	New Orleans	Int. Med., Ophth., Path., Rad., Surg.
Veterans Admin. Hospital	New Orleans	Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Huey P. Long Charity Hospital	Pineville, La.	Gen'l Pract.
Confederate Memorial Hospital *	Shreveport, La.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Shriners Hospital for Crippled Children	Shreveport, La.	Ortho. Surg.
Eastern Maine General Hospital *	Bangor, Maine	Anes., Path., Rad.
Central Maine Sanatorium	Fairfield, Maine	Pul. Dis.
Central Maine General Hospital *	Lewiston, Maine	Anes., Int. Med., Path., Ped., Rad., Surg.
Maine Medical Center *	Portland, Maine	Anes., Int. Med., Path., Rad., Surg.
Baltimore City Hospitals *	Baltimore	Anes., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Baltimore Eye, Ear and Throat Charity Hospital	Baltimore	Ophth., Otol.
Bon Secours Hospital *	Baltimore	Gen'l Pract., Ob.-Gyn., Surg.
Children's Hospital School	Baltimore	Ortho. Surg.
Church Home and Hospital *	Baltimore	Int. Med., Obst., Surg.
Doctors Hospital	Baltimore	Gen'l Pract.
Franklin Square Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.
Hospital for Women *	Baltimore	Ob.-Gyn., Path.
James Lawrence Kernan Hospital for Crippled Children	Baltimore	Ortho. Surg.
Johns Hopkins Hospital *	Baltimore	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Lutheran Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.
Maryland General Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.

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Name	Location	Approved Residencies
Mercy Hospital *	Baltimore	Int. Med., Ob.-Gyn., Otol., Path., Ped., Rad., Surg.
Provident Hospital and Free Dispensary *	Baltimore	Int. Med., Obst., Surg.
St. Agnes Hospital *	Baltimore	Int. Med., Ob.-Gyn.
St. Joseph's Hospital *	Baltimore	Ob.-Gyn., Surg.
Seton Institute	Baltimore	Psych.
Sinai Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital *	Baltimore	Int. Med., Obst., Otol., Surg.
State of Maryland	Baltimore	Pub. Health
Union Memorial Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Ped., Surg.
U. S. Public Health Service Hospital *	Baltimore	Int. Med., Ophth., Path., Rad., Surg.
University Hospital *	Baltimore	Anes., Derm., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
National Institutes of Health—Clinical Center	Bethesda, Md.	Int. Med., Neuro., Path., Psych., Rad.
Suburban Hospital *	Bethesda, Md.	Gen'l Pract.
U. S. Naval Hospital *	Bethesda, Md.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Spring Grove State Hospital	Catonsville, Md.	Psych.
Prince George's General Hospital *	Cheverly, Md.	Int. Med., Ob.-Gyn., Path., Surg.
Crownsville State Hospital	Crownsville, Md.	Psych.
Veterans Admin. Hospital	Fort Howard, Md.	Derm., Int. Med., Ophth., Surg., Urol.
Washington County Hospital *	Hagerstown, Md.	Rad.
Veterans Admin. Hospital	Perry Point, Md.	Int. Med., Psych., Surg.
Chestnut Lodge Sanitarium	Rockville, Md.	Psych.
Springfield State Hospital	Sykesville, Md.	Psych.
Sheppard and Enoch Pratt Hospital	Towson, Md.	Psych.
Veterans Admin. Hospital	Bedford, Mass.	Psych.
Beverly Hospital *	Beverly, Mass.	Path., Surg.
Beth Israel Hospital *	Boston	Card. Dis., Gastro., Int. Med., Obst., Otol., Path., Psych., Rad., Surg., Urol.
Boston City Hospital *	Boston	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Boston Floating Hospital	Boston	Ped.
Boston Lying-In Hospital	Boston	Obst., Path.
Boston Sanatorium	Boston	Pul. Dis., Thor. Surg.
Boston State Hospital	Boston	Psych.
Carney Hospital *	Boston	Int. Med., Ob.-Gyn., Path., Surg.
Children's Medical Center *	Boston	Neuro. Surg., Ortho. Surg., Path., Ped., Surg.
Faulkner Hospital	Boston	Int. Med., Path., Rad.
Lahey Clinic	Boston	Anes., Gastro., Int. Med., Neuro. Surg., Ortho. Surg., Rad.
Lemuel Shattuck Hospital	Boston	Int. Med., Path., Rad.
Massachusetts Eye and Ear Infirmary	Boston	Ophth., Otol.
Massachusetts General Hospital *	Boston	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals *	Boston	Anes., Con. Dis., Derm., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Massachusetts Mental Health Center	Boston	Psych.
New England Center Hospital *	Boston	Anes., Int. Med., Neur., Neuro. Surg., Path., Psych., Rad., Surg., Urol.
New England Deaconess Hospital	Boston	Anes., Int. Med., Path., Rad., Thor. Surg.
New England Hospital *	Boston	Anes., Gen'l Pract., Obst., Surg.
Peter Bent Brigham Hospital *	Boston	Anes., Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Elizabeth Hospital *	Boston	Anes., Int. Med., Ob.-Gyn., Path., Psych., Surg.
St. Margaret's Hospital	Boston	Ob.-Gyn.
U. S. Public Health Service Hospital *	Boston	Int. Med., Surg.
Veterans Admin. Hospital	Boston (Jamaica Plain)	Anes., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Boston (West Roxbury)	Path., Rad., Urol.
Veterans Admin. Hospital	Brockton, Mass.	Psych.
Booth Memorial Hospital and Home	Brookline, Mass.	Obst.
Free Hospital for Women	Brookline, Mass.	Gyn.
Cambridge City Hospital *	Cambridge, Mass.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Cambridge Sanitarium	Cambridge, Mass.	Pul. Dis.
Mount Auburn Hospital *	Cambridge, Mass.	Anes., Int. Med., Path., Rad., Surg.
Massachusetts Hospital School	Canton, Mass.	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	Int. Med., Surg.
U. S. Naval Hospital *	Chelsea, Mass.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Rad., Surg.
St. Anne's Hospital	Fall River, Mass.	Gen'l Pract. Ob.-Gyn.
Truesdale Hospital *	Fall River, Mass.	Int. Med., Path., Surg.
Burbank Hospital	Fitchburg, Mass.	Path., Surg.
Foxboro State Hospital	Foxboro, Mass.	Psych.
Lawrence General Hospital *	Lawrence, Mass.	Path.
Lowell General Hospital *	Lowell, Mass.	Path.
Lynn Hospital *	Lynn, Mass.	Int. Med., Ortho. Surg., Path., Surg.
Malden Hospital	Malden, Mass.	Int. Med., Path., Surg.
Medfield State Hospital	Medfield, Mass.	Psych.
St. Luke's Hospital *	New Bedford, Mass.	Path.
Newton-Wellesley Hospital *	Newton, Mass.	Int. Med., Path., Surg.
Cooley Dickenson Hospital	Northampton, Mass.	Gen'l Pract.
Quincy City Hospital *	Quincy, Mass.	Int. Med., Ob. Gyn., Path., Surg.
Veterans Admin. Hospital	Rutland Heights, Mass.	Pul. Dis., Thor. Surg.
Salem Hospital *	Salem, Mass.	Int. Med., Path.
Shriners Hospital for Crippled Children	Springfield, Mass.	Ortho. Surg.
Springfield Hospital *	Springfield, Mass.	Anes., Path., Surg.
Austen Riggs Foundation	Stockbridge, Mass.	Psych.
Taunton State Hospital	Taunton, Mass.	Psych.
Pondville Hospital	Walpole, Mass.	Int. Med., Path., Surg.
Metropolitan State Hospital	Waltham, Mass.	Psych.
Middlesex County Sanatorium	Waltham, Mass.	Pul. Dis.
McLean Hospital	Waverly, Mass.	Psych.
Westboro State Hospital	Westboro, Mass.	Psych.
Westfield State Sanatorium	Westfield, Mass.	Pul. Dis., Surg.
Memorial Hospital *	Worcester, Mass.	Int. Med., Path., Surg.
St. Vincent's Hospital *	Worcester, Mass.	Anes., Int. Med., Path., Surg.
Worcester City Hospital *	Worcester, Mass.	Anes., Int. Med., Ortho. Surg., Path., Ped., Surg.
Worcester State Hospital	Worcester, Mass.	Psych.
St. Joseph Mercy Hospital *	Ann Arbor, Mich.	Int. Med., Ob.-Gyn., Plas. Surg., Rad., Surg.
University Hospital *	Ann Arbor, Mich.	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg. Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Leila Y. Post Montgomery Hospital *	Battle Creek, Mich.	Path., Rad., Surg.
Oakwood Hospital *	Dearborn, Mich.	Gen'l Pract., Ob.-Gyn., Path.
Veterans Admin. Hospital	Dearborn, Mich.	Int. Med., Path., Rad., Surg.
Alexander Blain Hospital	Detroit	Int. Med., Surg.
Brent General Hospital	Detroit	Gen'l Pract.
Children's Hospital	Detroit	Ortho. Surg., Path., Ped.
Crittenton General Hospital	Detroit	Ob.-Gyn.
Detroit Memorial Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Evangelical Deaconess Hospital *	Detroit	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
Grace Hospital *	Detroit	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Harper Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.

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Name	Location	Approved Residencies
Henry Ford Hospital *	Detroit	Anes., Card. Dis., Derm., Gastro., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Herman Kiefer Hospital	Detroit	Con. Dis., Ob.-Gyn., Path., Pul. Dis., Rad., Thor. Surg.
Jennings Memorial Hospital	Detroit	Int. Med., Surg.
Lafayette Clinic	Detroit	Psych.
Lynn Hospital	Detroit	Gen'l Pract.
Mount Carmel Mercy Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Rad., Surg.
North Detroit General Hospital	Detroit	Gen'l Pract.
Providence Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Receiving Hospital *	Detroit	Anes., Derm., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
St. John Hospital *	Detroit	Int. Med., Ob.-Gyn., Surg.
St. Joseph Mercy Hospital *	Detroit	Int. Med., Ob.-Gyn., Surg.
Sinai Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Woman's Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Surg.
Wayne County General Hospital and Infirmary *	Eloise, Mich.	Int. Med., Path., Psych., Rad., Surg., Urol.
Hurley Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
McLaren General Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Path., Surg.
St. Joseph Hospital *	Flint, Mich.	Gen'l Pract., Path., Rad.
Blodgett Memorial Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Butterworth Hospital *	Grand Rapids, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Ferguson-Droste-Ferguson Hospital	Grand Rapids, Mich.	Proct.
St. Mary's Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Bon Secours Hospital *	Grosse Pointe, Mich.	Int. Med., Surg.
Highland Park General Hospital *	Highland Park, Mich.	Int. Med., Ob.-Gyn., Surg.
Michigan State Sanatorium	Howell, Mich.	Pul. Dis.
W. A. Foote Memorial Hospital	Jackson, Mich.	Path.
Borgess Hospital *	Kalamazoo, Mich.	Gen'l Pract., Ob.-Gyn., Ortho. Surg., Path., Surg.
Bronson Methodist Hospital *	Kalamazoo, Mich.	Int. Med., Surg.
Edward W. Sparrow Hospital *	Lansing, Mich.	Int. Med., Path., Surg.
Ingham Chest Hospital	Lansing, Mich.	Thor. Surg.
St. Lawrence Hospital *	Lansing, Mich.	Int. Med.
State of Michigan	Lansing, Mich.	Pub. Health
Northville State Hospital	Northville, Mich.	Psych.
Pontiac General Hospital *	Pontiac, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Pontiac State Hospital	Pontiac, Mich.	Psych.
St. Joseph Mercy Hospital *	Pontiac, Mich.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
William Beaumont Hospital *	Royal Oak, Mich.	Int. Med., Ob.-Gyn.
Saginaw General Hospital *	Saginaw, Mich.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Luke's Hospital *	Saginaw, Mich.	Gen'l Pract.
St. Mary's Hospital *	Saginaw, Mich.	Gen'l Pract.
Traverse City State Hospital	Traverse City, Mich.	Psych.
Wyandotte General Hospital	Wyandotte, Mich.	Gen'l Pract.
Ypsilanti State Hospital	Ypsilanti, Mich.	Psych.
St. Luke's Hospital *	Duluth, Minn.	Path.
St. Mary's Hospital *	Duluth, Minn.	Path.
Asbury Methodist Hospital *	Minneapolis	Int. Med.
Fairview Hospital	Minneapolis	Gen'l Pract.
Lutheran Deaconess Home and Hospital	Minneapolis	Gen'l Pract.
Minneapolis General Hospital *	Minneapolis	Derm., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Surg., Urol.
Mount Sinai Hospital *	Minneapolis	Int. Med., Surg.
Northwestern Hospital *	Minneapolis	Int. Med., Ob.-Gyn., Path., Ped.
St. Barnabas Hospital *	Minneapolis	Ob.-Gyn., Path., Surg.
St. Mary's Hospital *	Minneapolis	Ob.-Gyn., Urol.
Shriners Hospital for Crippled Children	Minneapolis	Ortho. Surg.
State of Minnesota	Minneapolis	Pub. Health
Swedish Hospital *	Minneapolis	Path., Rad., Surg.
University of Minnesota Hospitals *	Minneapolis	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Proct., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Minneapolis	Derm., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nopeming Sanatorium	Nopeming, Minn.	Pul. Dis.
Glen Lake Sanatorium	Oak Terrace, Minn.	Pul. Dis.
Mayo Foundation	Rochester, Minn.	Allergy, Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Proct., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Ancker Hospital *	St. Paul, Minn.	Derm., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Surg., Urol.
Charles T. Miller Hospital *	St. Paul, Minn.	Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg., Urol.
Gillette State Hospital for Crippled Children	St. Paul, Minn.	Ortho. Surg.
Midway Hospital	St. Paul, Minn.	Gen'l Pract.
St. Joseph's Hospital *	St. Paul, Minn.	Ob.-Gyn., Path.
Veterans Admin. Hospital	Biloxi, Miss.	Psych.
Mississippi Baptist Hospital *	Jackson, Miss.	Gen'l Pract., Ortho. Surg., Path.
University Hospital *	Jackson, Miss.	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Orth. Surg., Path., Ped., Proct., Psych. Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Jackson, Miss.	Ortho. Surg., Urol.
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	Pul. Dis., Thor. Surg.
Mercy Hospital-Street Memorial *	Vicksburg, Miss.	Gen'l Pract., Surg.
Vicksburg Hospital	Vicksburg, Miss.	Surg.
Mississippi State Hospital	Whitfield, Miss.	Psych.
St. Louis County Hospital *	Clayton, Mo.	Int. Med., Ob.-Gyn., Path., Surg.
Ellis Fischel Cancer Hospital	Columbia, Mo.	Mal. Dis., Surg.
University Hospitals	Columbia, Mo.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Children's Mercy Hospital	Kansas City, Mo.	Ortho. Surg., Ped.
Kansas City General Hospital No. 1 *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.
Kansas City General Hospital No. 2	Kansas City, Mo.	Ob.-Gyn., Rad., Surg.
Menorah Hospital Medical Center *	Kansas City, Mo.	Gen'l Pract., Int. Med., Path., Rad., Surg.
Research Hospital *	Kansas City, Mo.	Path., Rad.
St. Joseph Hospital *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Mary's Hospital *	Kansas City, Mo.	Path., Surg.
Veterans Admin. Hospital	Kansas City, Mo.	Anes., Int. Med., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Robert Koch Hospital	Koch, Mo.	Pul. Dis.
Missouri State Sanatorium	Mount Vernon, Mo.	Thor. Surg.
Missouri Methodist Hospital *	St. Joseph, Mo.	Gen'l Pract., Surg.
Barnes Hospital *	St. Louis	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
De Paul Hospital *	St. Louis	Gen'l Pract., Int. Med., Ob.-Gyn., Path.
Evangelical Deaconess Hospital *	St. Louis	Gen'l Pract.
Homer G. Phillips Hospital *	St. Louis	Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital *	St. Louis	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Lutheran Hospital *	St. Louis	Gen'l Pract.
Missouri Baptist Hospital *	St. Louis	Int. Med., Ob.-Gyn., Path., Surg.
Missouri Pacific Hospital	St. Louis	Int. Med., Surg., Urol.
St. Anthony's Hospital *	St. Louis	Gen'l Pract., Surg.
St. John's Hospital *	St. Louis	Anes., Int. Med., Obst., Path., Surg.
St. Louis Children's Hospital *	St. Louis	Ped.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
St. Louis City Hospital *	St. Louis	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis State Hospital	St. Louis	Psych.
St. Luke's Hospital *	St. Louis	Int. Med., Ob.-Gyn., Surg.
St. Mary's Group of Hospitals *	St. Louis	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	St. Louis	Ortho. Surg.
Veterans Admin. Hospital	St. Louis	Anes., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Butte Community Memorial Hospital *	Butte, Mont.	Gen'l Pract.
Montana Deaconess Hospital *	Great Falls, Mont.	Int. Med., Path.
Hastings State Hospital	Ingleside, Neb.	Psych.
Lincoln General Hospital *	Lincoln, Neb.	Ob.-Gyn., Path.
Nebraska Orthopedic Hospital	Lincoln, Neb.	Ortho. Surg.
St. Elizabeth's Hospital *	Lincoln, Neb.	Ob.-Gyn., Surg.
Veterans Admin. Hospital	Lincoln, Neb.	Int. Med., Ortho. Surg., Surg.
Norfolk State Hospital	Norfolk, Neb.	Psych.
Bishop Clarkson Memorial Hospital *	Omaha	Path.
Children's Memorial Hospital	Omaha	Ped.
Creighton Memorial-St. Joseph Hospital *	Omaha	Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Immanuel Hospital *	Omaha	Gen'l Pract., Ob.-Gyn.
Nebraska Methodist Hospital *	Omaha	Path., Rad.
University of Nebraska Hospital *	Omaha	Anes., Card. Dis., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital	Omaha	Int. Med., Neur., Path., Psych., Rad., Surg.
New Hampshire State Hospital	Concord, N. H.	Psych.
Mary Hitchcock Memorial Hospital *	Hanover, N. H.	Anes., Derm., Int. Med., Neuro. Surg., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Atlantic City Hospital *	Atlantic City, N. J.	Int. Med., Path., Surg.
Cooper Hospital *	Camden, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Our Lady of Lourdes Hospital *	Camden, N. J.	Path., Rad.
West Jersey Hospital *	Camden, N. J.	Path., Surg.
Essex County Overbrook Hospital	Cedar Grove, N. J.	Psych.
Veterans Admin. Hospital	East Orange, N. J.	Int. Med., Neur., Otol., Path., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Englewood Hospital *	Englewood, N. J.	Path.
Hunterdon Medical Center	Flemington, N. J.	Gen'l Pract., Path.
New Jersey Sanatorium for Chest Diseases	Glen Garden, N. J.	Pul. Dis.
New Jersey State Hospital	Greystone Park, N. J.	Psych.
Hackensack Hospital *	Hackensack, N. J.	Anes., Obst., Rad., Surg., Urol.
New Jersey State Hospital at Ancora	Hammonton, N. J.	Psych.
Berthold S. Pollack Hospital for Chest Diseases	Jersey City, N. J.	Pul. Dis., Thor. Surg.
Christ Hospital *	Jersey City, N. J.	Path.
Margaret Hague Maternity Hospital	Jersey City, N. J.	Obst.
Medical Center-Jersey City Hospital *	Jersey City, N. J.	Anes., Int. Med., Gyn., Ophth., Path., Ped., Surg., Urol.
Monmouth Memorial Hospital *	Long Branch, N. J.	Obst., Ortho., Surg., Path., Surg.
Veterans Admin. Hospital	Lyons, N. J.	Psych.
New Jersey State Hospital	Marlboro, N. J.	Psych.
Mountainside Hospital *	Montclair, N. J.	Gen'l Pract., Int. Med., Path., Surg.
Morristown Memorial Hospital *	Morristown, N. J.	Gen'l Pract., Int. Med., Path., Rad., Surg.
Burlington County Hospital	Mount Holly, N. J.	Int. Med., Ob.-Gyn., Path., Surg.
Fitkin Memorial Hospital *	Neptune, N. J.	Path., Ped., Surg.
Babies' Hospital-Colt Memorial	Newark, N. J.	Ped.
Harrison S. Martland Medical Center *	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
Hospital and Home for Crippled Children	Newark, N. J.	Ortho., Surg.
Newark Beth Israel Hospital *	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Newark Eye and Ear Infirmary	Newark, N. J.	Ophth., Otol.
Presbyterian Hospital *	Newark, N. J.	Path., Surg.
St. Barnabas Medical Center *	Newark, N. J.	Path., Plas. Surg., Surg.
St. Michael's Hospital *	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Ped.
St. Peter's General Hospital *	New Brunswick, N. J.	Int. Med., Path.
New Jersey Orthopedic Hospital and Dispensary	Orange, N. J.	Ortho. Surg.
Orange Memorial Hospital *	Orange, N. J.	Int. Med., Ortho., Surg., Path., Surg.
Bergen Pines County Hospital *	Paramus, N. J.	Int. Med., Neur., Path., Psych., Pul. Dis.
Passaic General Hospital *	Passaic, N. J.	Path.
St. Mary Hospital *	Passaic, N. J.	Path.
Barnert Memorial Hospital *	Paterson, N. J.	Path.
Paterson General Hospital *	Paterson, N. J.	Obst., Path.
St. Joseph Hospital *	Paterson, N. J.	Anes., Ortho. Surg., Path.
Princeton Hospital	Princeton, N. J.	Gen'l Pract.
New Jersey Neuro-Psychiatric Institute	Skillman, N. J.	Psych.
Overlook Hospital *	Summit, N. J.	Gen'l Pract., Path.
Holy Name Hospital *	Teaneck, N. J.	Obst.
Mercer Hospital *	Trenton, N. J.	Int. Med., Path.
New Jersey State Hospital	Trenton, N. J.	Psych.
St. Francis Hospital *	Trenton, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Essex Mountain Sanatorium	Verona, N. J.	Pul. Dis.
Bataan Memorial Methodist Hospital	Albuquerque, N. Mex.	Int. Med., Path.
Bernalillo County-Indian Hospital *	Albuquerque, N. Mex.	Int. Med., Path., Ped.
Veterans Admin. Hospital	Albuquerque, N. Mex.	Int. Med., Path., Pul. Dis., Surg.
Carrie Tingley Hospital	Truth or Consequences, N. Mex.	Ortho. Surg.
Albany Hospital *	Albany, N. Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Anthony N. Brady Maternity Hospital	Albany, N. Y.	Obst.
Bender Hygienic Laboratory	Albany, N. Y.	Path.
St. Peter's Hospital *	Albany, N. Y.	Ped., Surg.
State of New York	Albany, N. Y.	Pub. Health
Veterans Admin. Hospital	Albany, N. Y.	Int. Med., Neur., Path., Phys. Med., Psych., Rad., Surg.
Veterans Admin. Hospital	Bath, N. Y.	Int. Med.
Binghamton City Hospital *	Binghamton, N. Y.	Int. Med., Path.
Binghamton State Hospital	Binghamton, N. Y.	Psych.
Lawrence Hospital *	Bronxville, New York	Path.
Beth-El Hospital *	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn Eye and Ear Hospital	Brooklyn	Ophth., Otol.
Brooklyn Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn State Hospital	Brooklyn	Psych.
Brooklyn Women's Hospital	Brooklyn	Ob.-Gyn.
Coney Island Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Cumberland Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Greenpoint Hospital *	Brooklyn	Ob.-Gyn., Path., Ped., Surg.
House of St. Giles the Cripple	Brooklyn	Ortho. Surg.
Jewish Chronic Disease Hospital	Brooklyn	Int. Med., Neur., Ortho. Surg., Path., Phys. Med.
Jewish Hospital *	Brooklyn	Allergy, Anes., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Kings County Hospital *	Brooklyn	Anes., Path., Ped., Rad.
Division I	Brooklyn	Derm., Int. Med., Ortho. Surg., Plas. Surg., Pul. Dis., Surg., Thor. Surg., Urol.
Division II	Brooklyn	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Psych., Pul. Dis., Surg., Thor. Surg., Urol.
Long Island College Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Otol., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.

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Name	Location	Approved Residencies
Maimonides Hospital ★	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Methodist Hospital ★	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
St. Catherine's Hospital ★	Brooklyn	Anes., Ob.-Gyn., Path., Ped., Surg.
St. Charles Hospital Orthopedic Clinic	Brooklyn	Ortho. Surg.
St. John's Episcopal Hospital ★	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital ★	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Unity Hospital ★	Brooklyn	Ob.-Gyn.
Veterans Admin. Hospital	Brooklyn	Anes., Int. Med., Neur., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Wyckoff Heights Hospital ★	Brooklyn	Ob.-Gyn., Ped., Surg.
Allied Hospitals of Sisters of Charity ★	Buffalo	Int. Med., Ob.-Gyn., Surg.
Buffalo General Hospital ★	Buffalo	Allergy, Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Proct., Rad., Surg., Thor. Surg., Urol.
Buffalo State Hospital	Buffalo	Psych.
Children's Hospital ★	Buffalo	Ortho. Surg., Ped.
Deaconess Hospital ★	Buffalo	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital ★	Buffalo	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Emergency Hospital of the Sisters of Charity	Buffalo	Int. Med., Surg.
Mercy Hospital ★	Buffalo	Gen'l Pract.
Millard Fillmore Hospital ★	Buffalo	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Proct., Rad., Surg., Urol.
Roswell Park Memorial Institute	Buffalo	Int. Med., Path., Rad.
Veterans Admin. Hospital	Buffalo	Anes., Int. Med., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Canandaigua, N. Y.	Psych.
Veterans Admin. Hospital	Castle Point, N. Y.	Thor. Surg.
Central Islip State Hospital	Central Islip, N. Y.	Psych.
Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	Int. Med., Surg.
Mary Imogene Bassett Hospital ★	Cooperstown, N. Y.	Int. Med., Ob.-Gyn., Ped., Surg.
Elmhurst General Hospital ★	Elmhurst, N. Y.	Int. Med., Neur., Ob.-Gyn. Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Surg., Urol.
Arnot-Ogden Memorial Hospital ★	Elmira, N. Y.	Path.
St. Joseph's Hospital ★	Elmira, N. Y.	Path.
Nassau County Tuberculosis Hospital	Farmingdale, N. Y.	Pul. Dis.
St. Joseph's Hospital	Far Rockaway, N. Y.	Gen'l Pract.
Flushing Hospital and Dispensary ★	Flushing, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Hillside Hospital	Glen Oaks, N. Y.	Psych.
Glens Falls Hospital ★	Glens Falls, N. Y.	Path.
St. Vincent's Hospital	Harrison, N. Y.	Psych.
Gowanda State Homeopathic Hospital	Helmuth, N. Y.	Psych.
Meadowbrook Hospital ★	Hempstead, N. Y.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Irvington House	Irvington, N. Y.	Card. Dis.
Cornell University Infirmary	Ithaca, N. Y.	Int. Med.
Tompkins Memorial Hospital	Ithaca, N. Y.	Int. Med.
Jamaica Hospital ★	Jamaica, N. Y.	Int. Med., Ob.-Gyn., Surg.
Mary Immaculate Hospital ★	Jamaica, N. Y.	Int. Med., Obst., Path., Ped., Surg.
Queens General Hospital ★	Jamaica, N. Y.	Int. Med., Ob.-Gyn., Ophth., Ortho., Surg., Path., Ped., Rad., Surg., Urol.
Triboro Hospital	Jamaica, N. Y.	Pul. Dis., Thor. Surg.
Charles S. Wilson Memorial Hospital ★	Johnson City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Kings Park State Hospital	Kings Park, N. Y.	Psych.
Kingston Hospital	Kingston, N. Y.	Gen'l Pract.
Ulster County Tuberculosis Hospital	Kingston, N. Y.	Path., Pul. Dis.
Our Lady of Victory Hospital ★	Lackawanna, N. Y.	Gen'l Pract.
Niagara Sanatorium	Lockport, N. Y.	Pul. Dis.
St. Johns Long Island City Hospital ★	Long Island City, N. Y.	Path.
North Shore Hospital	Manhasset, N. Y.	Int. Med., Ob.-Gyn., Path., Ped.
Marcy State Hospital	Marcy, N. Y.	Psych.
Middletown State Hospital	Middletown, N. Y.	Psych.
Nassau Hospital ★	Mineola, N. Y.	Ob.-Gyn., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Montrose, N. Y.	Psych.
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.	Pul. Dis., Thor. Surg.
Mount Vernon Hospital ★	Mount Vernon, N. Y.	Int. Med., Ob.-Gyn., Path., Surg.
Long Island Jewish Hospital ★	New Hyde Park, L. I., N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
New Rochelle Hospital ★	New Rochelle, N. Y.	Int. Med., Path., Surg.
Bellevue Hospital Center	New York City	Int. Med., Pul. Dis., Surg., Thor. Surg.
Div. I—Columbia University ★	New York City	Int. Med., Neur., Surg., Urol.
Div. II—Cornell University ★	New York City	Int. Med., Neur., Ob.-Gyn., Path., Ped., Phys. Med., Psych., Rad., Surg.
Div. III—New York University College of Medicine ★	New York City	
Div. IV—New York University Post-Graduate Medical School ★	New York City	Anes., Derm., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Surg., Urol.
Beth Israel Hospital ★	New York City	Anes., Int. Med., Neur. Surg., Ob.-Gyn., Path., Plas. Surg., Rad., Surg., Urol.
Bird S. Coler Memorial Hospital and Home	New York City	Int. Med., Phys. Med.
Bronx Eye and Ear Infirmary	New York City	Ophth.
Bronx Hospital ★	New York City	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Bronx Municipal Hospital Center ★	New York City	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
City of New York	New York City	Pub. Health
Columbus Hospital ★	New York City	Int. Med., Surg.
Doctors Hospital	New York City	Path.
Flower and Fifth Avenue Hospitals	New York City	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Fordham Hospital ★	New York City	Int. Med., Neur., Ob.-Gyn., Path., Ped., Surg.
92nd Street Beth David Hospital ★	New York City	Int. Med., Ob.-Gyn., Surg.
Francis Delafield Hospital	New York City	Gyn., Int. Med., Path., Rad., Surg., Urol.
French Hospital ★	New York City	Int. Med., Ob.-Gyn., Surg., Urol.
Goldwater Memorial Hospital	New York City	Ophth., Path., Phys. Med., Surg.
Open Div. II		Int. Med., Neur.
University Div. III		Int. Med.
New York University Research Unit		Int. Med.
Columbia Univ. Division		Surg.
Gouverneur Hospital	New York City	Ophth., Otol.
Harlem Eye and Ear Hospital	New York City	Ob.-Gyn., Path., Ped., Surg.
Harlem Hospital ★	New York City	Anes., Int. Med., Gyn., Ortho. Surg., Path., Phys. Med., Rad., Surg.
Hospital for Joint Diseases ★	New York City	Ortho. Surg.
Hospital for Special Surgery	New York City	Ob.-Gyn., Path., Surg.
Jewish Memorial Hospital ★	New York City	Int. Med., Path., Surg.
Knickerbocker Hospital ★	New York City	Int. Med., Path., Surg.
Lebanon Hospital ★	New York City	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Lenox Hill Hospital ★	New York City	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Lincoln Hospital ★	New York City	Ophth., Otol.
Manhattan Eye, Ear and Throat Hospital	New York City	Psych.
Manhattan State Hospital	New York City	Anes., Card. Dis., Int. Med., Path., Rad., Surg.
Memorial Center for Cancer and Allied Diseases	New York City	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Metropolitan Hospital	New York City	Int. Med., Obst., Path., Ped., Surg.
Misericordia Hospital ★	New York City	Anes., Int. Med., Mal. Dis., Neur., Ophth., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg.
Montefiore Hospital ★	New York City	
Morrisania City Hospital ★	New York City	Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Surg., Urol.

★ Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Mother Cabrini Memorial Hospital *	New York City	Surg.
Mount Sinai Hospital *	New York City	Anes., Cardio. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
New York Eye and Ear Infirmary	New York City	Ophth., Otol.
New York Hospital *	New York City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Infirmary *	New York City	Int. Med., Ob.-Gyn., Ped., Surg.
New York Polyclinic Medical School and Hospital *	New York City	Anes., Derm., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
New York State Psychiatric Institute and Hospital	New York City	Psych.
New York University-Bellevue Medical Center		
University Hospital	New York City	Derm., Int. Med., Gyn., Path., Ped., Psych., Rad.
Presbyterian Hospital *	New York City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Roosevelt Hospital *	New York City	Allergy, Int. Med., Gyn., Otol., Path., Ped., Psych., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases	New York City	Int. Med., Path.
St. Clare's Hospital *	New York City	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
St. Francis Hospital *	New York City	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Joseph Hospital for Chest Diseases	New York City	Pul. Dis., Thor. Surg.
St. Luke's Hospital *	New York City	Anes., Card. Dis., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
St. Vincent's Hospital *	New York City	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Sydenham Hospital *	New York City	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	New York City (Bronx)	Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	New York City (Manhattan)	Derm., Int. Med., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Surg., Urol.
Woman's Hospital	New York City	Ob.-Gyn.
St. Lawrence State Hospital	Ogdensburg, N. Y.	Psych.
Homer Folks Tuberculosis Hospital	Oneonta, N. Y.	Pul. Dis., Thor. Surg.
Rockland State Hospital	Orangeburg, N. Y.	Psych.
Stony Ledge Sanitarium	Ossining, N. Y.	Psych.
High Point Hospital	Port Chester, N. Y.	Psych.
United Hospital *	Port Chester, N. Y.	Int. Med., Obst., Path., Surg.
St. Charles Hospital	Port Jefferson, N. Y.	Ortho. Surg.
Hudson River State Hospital	Poughkeepsie, N. Y.	Psych.
Vassar Brothers Hospital	Poughkeepsie, N. Y.	Path.
Creedmoor State Hospital	Queens Village, N. Y.	Psych.
Raybrook State Tuberculosis Hospital	Raybrook, N. Y.	Pul. Dis., Thor. Surg.
Astor Home for Children	Rhinebeck, N. Y.	Psych.
Genesee Hospital *	Rochester, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Highland Hospital *	Rochester, N. Y.	Int. Med., Ob.-Gyn., Surg.
Iola-Monroe County Tuberculosis Sanatorium	Rochester, N. Y.	Pul. Dis.
Rochester General Hospital *	Rochester, N. Y.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Rochester State Hospital	Rochester, N. Y.	Psych.
St. Mary's Hospital *	Rochester, N. Y.	Anes., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg.
Strong Memorial-Rochester Municipal Hospital *	Rochester, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry	Rochester, N. Y.	Occ. Med.
St. Francis Sanatorium for Cardiac Children	Roslyn, L. I., N. Y.	Card. Dis.
U. S. Naval Hospital *	St. Albans, N. Y.	Anes., Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg., Thor. Surg., Urol.
Ellis Hospital *	Schenectady, N. Y.	Anes., Int. Med., Ob-Gyn., Ortho. Surg., Path., Psych., Surg.
Glenridge Sanatorium	Schenectady, N. Y.	Pul. Dis.
U. S. Public Health Service Hospital *	Stapleton (Staten Island), N. Y.	Anes., Derm., Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.
St. Vincent's Hospital *	Staten Island, N. Y.	Ortho. Surg., Path.
Sea View Hospital	Staten Island, N. Y.	Ortho. Surg., Ped., Pul. Dis., Thor. Surg.
Staten Island Hospital *	Staten Island, N. Y.	Int. Med., Path.
Veterans Admin. Hospital	Sunmount, N. Y.	Pul. Dis., Thor. Surg.
General Hospital *	Syracuse, N. Y.	Ob.-Gyn.
St. Joseph's Hospital *	Syracuse, N. Y.	Anes., Ob.-Gyn., Path.
State University of New York Medical Center *	Syracuse, N. Y.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Syracuse Psychopathic Hospital	Syracuse, N. Y.	Psych.
Veterans Admin. Hospital	Syracuse, N. Y.	Path., Surg.
Letchworth Village	Thiells, N. Y.	Psych.
Samaritan Hospital *	Troy, N. Y.	Path.
Broadacres Sanatorium	Utica, N. Y.	Pul. Dis.
Utica State Hospital	Utica, N. Y.	Path., Psych.
Grasslands Hospital *	Valhalla, N. Y.	Anes., Int. Med., Ophth., Path., Ped., Psych., Pul. Dis., Rad., Surg.
Pilgrim State Hospital	West Brentwood, N. Y.	Psych.
Rehabilitation Hospital	West Haverstraw, N. Y.	Ortho. Surg.
New York Hospital-Westchester Division	White Plains, N. Y.	Psych.
White Plains Hospital *	White Plains, N. Y.	Int. Med., Surg.
Willard State Hospital	Willard, N. Y.	Psych.
Harlem Valley State Hospital	Wingdale, N. Y.	Psych.
St. John's Riverside Hospital *	Yonkers, N. Y.	Path.
North Carolina Memorial Hospital *	Chapel Hill, N. C.	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Charlotte Memorial Hospital *	Charlotte, N. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg., Thor. Surg., Urol.
Mercy Hospital	Charlotte, N. C.	Gen'l Pract.
Presbyterian Hospital	Charlotte, N. C.	Path.
Duke Hospital *	Durham, N. C.	Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Lincoln Hospital *	Durham, N. C.	Ob.-Gyn., Surg.
McPherson Hospital	Durham, N. C.	Ophth., Otol.
Veterans Admin. Hospital	Durham, N. C.	Int. Med., Path., Plas. Surg., Psych., Rad., Surg., Urol.
Watts Hospital *	Durham, N. C.	Int. Med., Ob.-Gyn., Path., Ped., Urol.
U. S. Army Hospital	Fort Bragg, N. C.	Surg.
North Carolina Orthopedic Hospital	Gastonia, N. C.	Ortho. Surg.
Moses H. Cone Memorial Hospital *	Greensboro, N. C.	Path.
North Carolina Sanatorium for Treatment of Tuberculosis	McCain, N. C.	Pul. Dis.
Veterans Admin. Hospital	Oteen, N. C.	Path., Pul. Dis., Thor. Surg.
Rex Hospital *	Raleigh, N. C.	Int. Med., Ob.-Gyn., Ped., Surg.
St. Agnes Hospital	Raleigh, N. C.	Ob.-Gyn., Surg.
State Hospital	Raleigh, N. C.	Psych.
State of North Carolina	Raleigh, N. C.	Pub. Health
Babies Hospital	Wilmington, N. C.	Ped.
City Memorial Hospital *	Winston-Salem, N. C.	Gen'l Pract., Int. Med., Ob.-Gyn., Ped., Surg.
Kate Bitting Reynolds Memorial Hospital *	Winston-Salem, N. C.	Surg.
North Carolina Baptist Hospital *	Winston-Salem, N. C.	Anes., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Bismarck Hospital	Bismarck, N. Dak.	Int. Med., Rad., Surg.
St. Luke's Hospital *	Fargo, N. Dak.	Int. Med., Ob.-Gyn., Surg.
Akron City Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Akron General Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Children's Hospital	Akron, Ohio	Ortho. Surg., Ped.
St. Thomas Hospital *	Akron, Ohio	Gen'l Pract., Ob.-Gyn., Surg.
Barberton Citizens Hospital *	Barberton, Ohio	Gen'l Pract.
Veterans Admin. Hospital	Brecksville, Ohio	Pul. Dis.

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Name	Location	Approved Residencies
Aulman Hospital *	Canton, Ohio	Int. Med., Ob.-Gyn., Path., Surg.
Mercy Hospital *	Canton, Ohio	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Windsor Hospital	Chagrin Falls, Ohio	Psych.
Bethesda Hospital *	Cincinnati	Int. Med., Ob.-Gyn., Path.
Children's Hospital	Cincinnati	Ortho. Surg., Ped., Surg.
Christ Hospital *	Cincinnati	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Path., Surg.
Cincinnati General Hospital *	Cincinnati	Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol Surg.
Deaconess Hospital	Cincinnati	Gen'l Pract., Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Good Samaritan Hospital *	Cincinnati	Int. Med., Ortho. Surg., Path., Psych., Rad., Surg.
Jewish Hospital *	Cincinnati	Psych.
Longview State Hospital	Cincinnati	Cardio. Dis., Int. Med., Surg.
St. Mary's Hospital *	Cincinnati	Occ. Med.
University of Cincinnati, Institute of Industrial Health	Cincinnati	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
City Hospital *	Cleveland	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Cleveland Clinic Hospital *	Cleveland	Psych.
Cleveland Receiving Hospital	Cleveland	Ob.-Gyn., Surg
Evangelical Deaconess Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Surg.
Fairview Park Hospital *	Cleveland	Int. Med., Phys. Med.
Highland View—Cuyahoga County Hospital	Cleveland	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg., Urol.
Huron Road Hospital *	Cleveland	Int. Med., Obst., Path., Surg.
Lutheran Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Ortho Surg., Path., Rad., Surg.
Mount Sinai Hospital *	Cleveland	Anes., Int. Med., Obst., Surg.
St. Alexis Hospital *	Cleveland	Obst.
St. Ann Hospital	Cleveland	Int. Med., Ob.-Gyn., Surg.
St. John's Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg.
St. Luke's Hospital *	Cleveland	Int. Med., Path., Rad., Surg.
St. Vincent Charity Hospital *	Cleveland	Pul. Dis., Thor. Surg.
Sunny Acres, Cuyahoga County Tuberculosis Hospital	Cleveland	Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
University Hospitals *	Cleveland	Int. Med., Mal. Dis., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Cleveland	Gen'l Pract.
Woman's Hospital	Cleveland	Surg.
Doctors Hospital	Cleveland Heights	Thor. Surg.
Benjamin Franklin Hospital	Columbus, Ohio	Ortho. Surg., Otol., Path., Ped., Surg.
Children's Hospital	Columbus, Ohio	Psych.
Columbus State Hospital	Columbus, Ohio	Path.
Grant Hospital *	Columbus, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Surg., Thor. Surg.
Mount Carmel Hospital *	Columbus, Ohio	
Ohio State University Hospitals		
Columbus Receiving Hospital	Columbus, Ohio	Psych.
Ohio Tuberculosis Hospital	Columbus, Ohio	Pul. Dis., Thor. Surg.
University Hospital *	Columbus, Ohio	Allergy, Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Occ. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
St. Ann Hospital for Women	Columbus, Ohio	Ob.-Gyn.
St. Anthony Hospital	Columbus, Ohio	Gen'l Pract.
White Cross Hospital *	Columbus, Ohio	Card. Dis., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Dayton, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn.
Miami Valley Hospital *	Dayton, Ohio	Gen'l Pract., Obst., Path., Rad., Surg.
St. Elizabeth Hospital *	Dayton, Ohio	Surg.
Veterans Admin. Hospital	Dayton, Ohio	Int. Med., Path., Phys. Med., Rad., Surg., Urol.
Wright-Patterson Air Force Base	Dayton, Ohio	Aviat. Med.
Elyria Memorial Hospital and Gates Hospital for Crippled Children *	Elyria, Ohio	Gen'l Pract. Ortho. Surg., Path., Rad.
Euclid-Glenville Hospital *	Euclid, Ohio	Gen'l Pract.
Marymount Hospital	Garfield Heights, Ohio	Anes., Int. Med., Ob.-Gyn., Surg
Mercy Hospital *	Hamilton, Ohio	Int. Med., Ob.-Gyn., Path., Surg.
Lakewood Hospital *	Lakewood, Ohio	Int. Med., Ob.-Gyn., Surg.
Lima Memorial Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
St. Rita's Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
St. Joseph Hospital *	Lorain, Ohio	Rad.
Mansfield General Hospital	Mansfield, Ohio	Surg.
Springfield City Hospital *	Springfield, Ohio	Path.
Ohio Valley Hospital *	Steubenville, Ohio	Gen'l Pract.
Flower Hospital *	Toledo, Ohio	Surg.
Maumee Valley Hospital *	Toledo, Ohio	Int. Med., Obst., Path., Surg., Urol.
Mercy Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Charles Hospital *	Toledo, Ohio	Psych.
St. Vincent's Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg., Urol.
Toledo Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path.
Trumbull Memorial Hospital *	Warren, Ohio	Int. Med., Path.
Harding Sanitarium	Worthington, Ohio	Psych.
St. Elizabeth Hospital *	Youngstown, Ohio	Int. Med., Ob.-Gyn., Path., Surg.
Youngstown Hospital *	Youngstown, Ohio	Anes., Gen'l Pract., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Central Oklahoma State Hospital	Norman, Okla.	Psych.
Bone and Joint Hospital and McBride Clinic	Oklahoma City	Ortho. Surg.
St. Anthony Hospital *	Oklahoma City	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
University Hospitals *	Oklahoma City	Anes., Derm. Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital *	Oklahoma City	Int. Med., Ortho. Surg., Phys. Med., Psych., Rad., Surg.
Wesley Hospital *	Oklahoma City	Int. Med., Ob.-Gyn., Rad., Surg.
Hillcrest Medical Center *	Tulsa, Okla.	Path., Ped., Surg.
St. John's Hospital *	Tulsa, Okla.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Emanuel Hospital *	Portland, Ore.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Portland, Ore.	Int. Med., Path., Surg.
Providence Hospital *	Portland, Ore.	Int. Med., Path., Rad., Surg.
St. Vincent's Hospital *	Portland, Ore.	Gen'l Pract., Int. Med., Obst., Path., Surg.
Shriner's Hospital for Crippled Children	Portland, Ore.	Ortho. Surg.
State of Oregon	Portland, Ore.	Pub. Health
University of Oregon Medical School Hospitals and Clinics *	Portland, Ore.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Portland, Ore.	Gastro., Int. Med., Ortho. Surg., Otol., Path., Phys. Med., Surg., Urol.
Oregon State Hospital	Salem, Ore.	Psych.
Abington Memorial Hospital *	Abington, Pa.	Int. Med., Ob.-Gyn., Path., Psych., Rad., Surg.
Allentown Hospital *	Allentown, Pa.	Int. Med., Ob.-Gyn., Path., Plas. Surg., Proct., Surg.
Allentown State Hospital	Allentown, Pa.	Psych.
Sacred Heart Hospital *	Allentown, Pa.	Int. Med., Path., Rad., Surg.
Altoona Hospital *	Altoona, Pa.	Gen'l Pract., Ob.-Gyn., Path.
St. Luke's Hospital *	Bethlehem, Pa.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Bradford Hospital	Bradford, Pa.	Gen'l Pract., Surg.
Bryn Mawr Hospital *	Bryn Mawr, Pa.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Chester Hospital *	Chester, Pa.	Gen'l Pract., Path.
Veterans Admin. Hospital	Coatesville, Pa.	Psych.
Danville State Hospital	Danville, Pa.	Psych.

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Name	Location	Approved Residencies
George F. Geisinger Memorial Hospital *	Danville, Pa.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Fitzgerald-Mercy Hospital *	Darby, Pa.	Gen'l Pract., Ob.-Gyn., Path., Rad.
Eagleville Sanatorium for Consumptives	Eagleville, Pa.	Pul. Dis.
Easton Hospital *	Easton, Pa.	Int. Med., Surg.
State Hospital for Crippled Children	Elizabethtown, Pa.	Ortho. Surg.
Embreeville State Hospital	Embreeville, Pa.	Psych.
Hamot Hospital *	Erie, Pa.	Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
St. Vincent's Hospital *	Erie, Pa.	Path., Rad., Surg., Urol.
Chas. H. Miner State Hospital	Hamburg, Pa.	Pul. Dis.
Harrisburg Hospital *	Harrisburg, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Harrisburg Polyclinic Hospital *	Harrisburg, Pa.	Int. Med., Path., Ped., Surg.
Harrisburg State Hospital	Harrisburg, Pa.	Psych.
Hazleton State Hospital	Hazleton, Pa.	Surg.
Conemaugh Valley Memorial Hospital *	Johnstown, Pa.	Anes., Path.
Lancaster General Hospital *	Lancaster, Pa.	Path.
St. Joseph's Hospital *	Lancaster, Pa.	Gen'l Pract., Path., Surg.
Montgomery Hospital *	Norristown, Pa.	Gen'l Pract.
Norristown State Hospital	Norristown, Pa.	Psych.
Sacred Heart Hospital *	Norristown, Pa.	Gen'l Pract.
Albert Einstein Medical Center		
Northern Division *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Southern Division *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
American Oncologic Hospital	Philadelphia	Mal. Dis.
Chestnut Hill Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Rad.
Children's Hospital	Philadelphia	Ortho. Surg., Ped., Surg.
Eastern Pennsylvania Psychiatric Institute	Philadelphia	Psych.
Episcopal Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
Frankford Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Surg.
Friends Hospital	Philadelphia	Psych.
Germantown Dispensary and Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania *	Philadelphia	Anes., Card. Dis., Derm., Gastro., Gyn., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Pul. Dis., Rad., Surg., Urol.
Hahnemann Medical College and Hospital *	Philadelphia	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Hospital of the University of Pennsylvania *	Philadelphia	Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med, Psych. Pul. Dis., Rad., Surg., Urol.
Hospital of the Women's College of Pennsylvania *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Institute of the Pennsylvania Hospital	Philadelphia	Psych.
Jeanes Hospital	Philadelphia	Mal. Dis., Rad.
Jefferson Medical College Hospital *	Philadelphia	Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Surg.
Methodist Episcopal Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Surg.
Misericordia Hospital *	Philadelphia	Ob.-Gyn., Path., Surg.
Nazareth Hospital *	Philadelphia	Rad.
Pennsylvania Hospital *	Philadelphia	Anes., Card. Dis., Derm., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Pennsylvania Hospital-Department for Mental and Nervous Diseases	Philadelphia	Psych.
Philadelphia General Hospital *	Philadelphia	Anes., Card. Dis., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Philadelphia General Hospital—Northern Division	Philadelphia	Con. Dis., Obst., Pul. Dis.
Philadelphia Psychiatric Hospital	Philadelphia	Psych.
Philadelphia State Hospital	Philadelphia	Psych.
Presbyterian Hospital *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
St. Christopher's Hospital for Children	Philadelphia	Ped.
St. Joseph's Hospital *	Philadelphia	Surg.
St. Luke's and Children's Medical Center *	Philadelphia	Ped.
St. Mary's Hospital	Philadelphia	Gen'l Pract., Ob.-Gyn., Surg.
Shriners Hospital for Crippled Children	Philadelphia	Ortho. Surg.
Temple University Hospital *	Philadelphia	Allergy, Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital *	Philadelphia	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Philadelphia	Cardio. Dis., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Wills Eye Hospital	Philadelphia	Ophth.
Woman's Hospital	Philadelphia	Ob.-Gyn., Surg.
Allegheny General Hospital *	Pittsburgh	Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Children's Hospital	Pittsburgh	Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital	Pittsburgh	Int. Med., Ob.-Gyn., Path.
Eye and Ear Hospital	Pittsburgh	Ophth., Otol.
Mercy Hospital *	Pittsburgh	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Rad., Surg., Urol.
Montefiore Hospital *	Pittsburgh	Allergy, Anes., Int. Med., Obst., Ophth., Path., Rad., Surg.
Pittsburgh Hospital *	Pittsburgh	Int. Med., Ob.-Gyn.
Presbyterian Hospital *	Pittsburgh	Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Urol.
St. Clair Memorial Hospital	Pittsburgh	Gen'l Pract.
St. Francis General Hospital and Rehabilitation Institute *	Pittsburgh	Anes., Card. Dis., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.
St. John's General Hospital	Pittsburgh	Gen'l Pract.
St. Margaret Memorial Hospital	Pittsburgh	Ob.-Gyn., Path., Surg.
Shadyside Hospital *	Pittsburgh	Path.
South Side Hospital *	Pittsburgh	Ob.-Gyn., Path.
University of Pittsburgh Graduate School of Public Health	Pittsburgh	Occ. Med.
Veterans Admin. Hospital	Pittsburgh	Allergy., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Urol.
Western Pennsylvania Hospital *	Pittsburgh	Int. Med., Obst., Path., Ped., Rad., Surg.
Western Psychiatric Institute and Clinic	Pittsburgh	Psych.
A. C. Milliken Hospital	Pottsville, Pa.	Gen'l Pract.
Community General Hospital *	Reading, Pa.	Gen'l Pract., Path.
Reading Hospital *	Reading, Pa.	Anes., Int. Med., Gyn., Ortho. Surg., Path., Rad., Surg.
St. Joseph's Hospital *	Reading, Pa.	Path., Surg.
Robert Packer Hospital *	Sayre, Pa.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Scranton State Hospital *	Scranton, Pa.	Path.
Sharon General Hospital *	Sharon, Pa.	Gen'l Pract.
Samuel G. Dixon Hospital	South Mountain, Pa.	Pul. Dis.
Warren State Hospital	Warren, Pa.	Psych.
Chester County Hospital *	West Chester, Pa.	Rad.
Mercy Hospital *	Wilkes-Barre, Pa.	Surg., Urol.
Wilkes-Barre General Hospital *	Wilkes-Barre, Pa.	Int. Med., Path., Surg., Urol.
Columbia Hospital *	Wilkinsburg, Pa.	Surg.
Williamsport Hospital *	Williamsport, Pa.	Path., Surg.
York Hospital *	York, Pa.	Path., Surg.
State Hospital for Mental Diseases	Howard, R. I.	Psych.
Newport Hospital *	Newport, R. I.	Int. Med., Path.
Memorial Hospital *	Pawtucket, R. I.	Gen'l Pract., Int. Med.

* Indicates hospitals approved for training interns.

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Name	Location	Approved Residencies
Charles V. Chapin Hospital	Providence, R. I.	Ped., Psych.
Miriam Hospital *	Providence, R. I.	Anes., Int. Med.
Providence Lying-In Hospital	Providence, R. I.	Obst.
Rhode Island Hospital *	Providence, R. I.	Anes., Card. Dis., Int. Med., Gyn., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Providence, R. I.	Int. Med., Surg.
Emma Pendleton Bradley Home	Riverside, R. I.	Psych.
Medical College of South Carolina Teaching Hospitals *	Charleston, S. C.	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Columbia Hospital *	Columbia, S. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Veterans Admin. Hospital	Columbia, S. C.	Int. Med., Ortho. Surg., Surg.
McLeod Infirmary *	Florence, S. C.	Ob.-Gyn.
Greenville General Hospital *	Greenville, S. C.	Gen'l Pract., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Shriners Hospital for Crippled Children	Greenville, S. C.	Ortho. Surg.
Orangeburg Regional Hospital *	Orangeburg, S. C.	Urol.
Spartanburg General Hospital *	Spartanburg, S. C.	Gen'l Pract., Rad.
Sioux Valley Hospital *	Sioux Falls, S. Dak.	Gen'l Pract.
Sacred Heart Hospital *	Yankton, S. Dak.	Gen'l Pract., Path., Rad., Surg.
Baroness Erlanger Hospital *	Chattanooga, Tenn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Memorial Hospital	Chattanooga, Tenn.	Int. Med., Ob.-Gyn., Surg.
Newell Hospital	Chattanooga, Tenn.	Surg.
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	Ped.
East Tennessee Baptist Hospital *	Knoxville, Tenn.	Ortho. Surg., Path.
East Tennessee Crippled Children's Hospital	Knoxville, Tenn.	Ortho. Surg.
St. Mary's Memorial Hospital *	Knoxville, Tenn.	Gen'l Pract., Int. Med., Ortho. Surg., Path., Surg.
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.	Ob.-Gyn., Ortho. Surg.
Baptist Memorial Hospital *	Memphis, Tenn.	Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Campbell Clinic Hospital	Memphis, Tenn.	Ortho. Surg.
City of Memphis Hospitals *	Memphis, Tenn.	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Gailor Memorial Psychiatric Hospital	Memphis, Tenn.	Psych.
LeBonheur Children's Hospital	Memphis, Tenn.	Ped.
Memphis Eye, Ear, Nose and Throat Hospital	Memphis, Tenn.	Ophth.
Methodist Hospital *	Memphis, Tenn.	Path., Rad., Surg.
St. Joseph's Hospital *	Memphis, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Veterans Admin. Hospital	Memphis, Tenn.	Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
West Tennessee Tuberculosis Hospital	Memphis, Tenn.	Pul. Dis., Thor. Surg.
Baptist Hospital *	Nashville, Tenn.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
George W. Hubbard Hospital of Meharry Medical College *	Nashville, Tenn.	Int. Med., Obst., Path., Ped., Rad., Surg., Urol.
Nashville General Hospital *	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Surg.
St. Thomas Hospital *	Nashville, Tenn.	Int. Med., Ob.-Gyn., Surg.
Vanderbilt University Hospital *	Nashville, Tenn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Nashville, Tenn.	Int. Med., Pul. Dis., Rad., Surg.
Oak Ridge Institute of Nuclear Studies	Oak Ridge, Tenn.	Int. Med., Path.
Oakville Memorial Sanatorium	Oakville, Tenn.	Pul. Dis.
Brackenridge Hospital *	Austin, Texas	Ob.-Gyn., Path., Surg.
State of Texas	Austin, Texas	Pub. Health
Driscoll Foundation Children's Hospital	Corpus Christi, Texas	Ped.
Baylor University Hospital *	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Phys. Med., Plas. Surg., Proct., Rad., Surg., Thor. Surg.
Children's Medical Center *	Dallas, Texas	Ped.
Methodist Hospital *	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Surg.
Parkland Memorial Hospital *	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Urol.
St. Paul's Hospital *	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Ped., Rad.
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	Ortho. Surg.
Veterans Admin. Hospital *	Dallas, Texas	Int. Med., Ophth., Otol., Rad., Surg., Thor. Surg., Urol.
Hotel Dieu *	El Paso, Texas	Ob.-Gyn.
William Beaumont Army Hospital *	El Paso, Texas	Int. Med., Ob.-Gyn., Ped., Surg.
All Saints Hospital	Fort Worth, Texas	Gen'l Pract.
Harris Hospital *	Fort Worth, Texas	Anes., Int. Med., Ob.-Gyn., Path., Surg.
John Peter Smith Hospital *	Fort Worth, Texas	Gen'l Pract.
St. Joseph Hospital *	Fort Worth, Texas	Path.
St. Mary's Hospital	Galveston, Texas	Gen'l Pract.
University of Texas Medical Branch Hospitals *	Galveston, Texas	Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Gonzales Warm Springs Foundation for Crippled Children	Gonzales, Texas	Phys. Med.
Hermann Hospital *	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jefferson Davis Hospital *	Houston, Texas	Anes., Derm., nt. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Memorial Hospital *	Houston, Texas	Gen'l Pract., Path.
Methodist Hospital *	Houston, Texas	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital *	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
St. Luke's Episcopal Hospital	Houston, Texas	Int. Med., Ob.-Gyn., Surg., Urol.
Southern Pacific Hospital	Houston, Texas	Int. Med., Surg.
Texas Children's Hospital	Houston, Texas	Derm., Plas. Surg.
University of Texas M. D. Anderson Hospital for Cancer Research	Houston, Texas	Anes., Gyn., Int. Med., Mal. Dis., Path., Rad., Surg.
Veterans Admin. Hospital	Houston, Texas	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Nan Travis Memorial Hospital	Jacksonville, Texas	Gen'l Pract.
Veterans Admin Hospital	McKinney, Texas	Int. Med., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Urol.
U. S. Air Force School of Aviation Medicine	Randolph Field, Texas	Aviat. Med.
Baptist Memorial Hospital	San Antonio, Texas	Gen'l Pract., Ob.-Gyn., Path., Rad., Surg.
Brooke Army Hospital *	San Antonio, Texas	Anes., Card. Dis., Derm., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Robert B. Green Memorial Hospital *	San Antonio, Texas	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Santa Rosa Hospital *	San Antonio, Texas	Gen'l Pract., Int. Med., Path., Ped., Rad.
U. S. Air Force Hospital (Lackland) *	San Antonio, Texas	Anes., Gen'l Pract., Int. Med., Ortho. Surg., Path., Rad., Surg.
Scott and White Memorial Hospital *	Temple, Texas	Anes., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg.
U. S. Air Force Hospital	Wichita Falls, Texas	Surg.
Wichita General Hospital	Wichita Falls, Texas	Gen'l Pract.
St. Benedict's Hospital *	Ogden, Utah	Gen'l Pract., Path.
Thomas D. Dee Memorial Hospital *	Ogden, Utah	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Dr. W. H. Groves Latter-Day Saints Hospital *	Salt Lake City	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Holy Cross Hospital *	Salt Lake City	Int. Med., Ob.-Gyn., Path., Rad.
Primary Children's Hospital	Salt Lake City	Ortho. Surg.
St. Mark's Hospital *	Salt Lake City	Rad., Surg.
Salt Lake County General Hospital *	Salt Lake City	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Shriners Hospital for Crippled Children	Salt Lake City	Ortho. Surg.
Veterans Admin. Hospital *	Salt Lake City	Int. Med., Neur., Ortho. Surg., Path., Psych., Rad., Surg.
Brattleboro Retreat	Brattleboro, Vt.	Psych.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
DeGoesbriand Memorial Hospital *	Burlington, Vt.	Anes., Gen'l Pract., Int. Med., Neur., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Mary Fletcher Hospital *	Burlington, Vt.	Anes., Int. Med., Neur., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Vermont State Hospital	Waterbury, Vt.	Psych.
Veterans Admin. Hospital	White River Junction, Vt.	Anes., Int. Med., Neuro. Surg., Path., Plas. Surg., Surg., Urol.
Alexandria Hospital *	Alexandria, Va.	Int. Med., Ob.-Gyn.
Arlington Hospital	Arlington, Va.	Ob.-Gyn.
Blue Ridge Sanatorium	Charlottesville, Va.	Pul. Dis.
University of Virginia Hospital *	Charlottesville, Va.	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Chesapeake & Ohio Railway Employees Hospital *	Clifton, Forge, Va.	Int. Med., Surg.
Memorial Hospital *	Danville, Va.	Path.
U. S. Army Hospital	Fort Belvoir, Va.	Surg.
Lynchburg General Hospital *	Lynchburg, Va.	Obst., Path., Surg.
Riverside Hospital *	Newport News, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path.
De Paul Hospital *	Norfolk, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Norfolk Community Hospital	Norfolk, Va.	Gen'l Pract.
Norfolk General Hospital *	Norfolk, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
U. S. Public Health Service Hospital *	Norfolk, Va.	Gen'l Pract.
U. S. Naval Hospital *	Portsmouth, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
Crippled Children's Hospital	Richmond, Va.	Ortho. Surg.
Johnston-Willis Hospital *	Richmond, Va.	Int. Med., Obst., Path., Surg.
Medical College of Virginia—Hospital Division *	Richmond, Va.	Allergy, Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Retreat for the Sick	Richmond, Va.	Gen'l Pract.
St. Elizabeth Hospital	Richmond, Va.	Surg.
State of Virginia	Richmond, Va.	Pub. Health
Veterans Admin. Hospital	Richmond, Va.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	Ophth., Otol.
Jefferson Hospital *	Roanoke, Va.	Int. Med., Surg.
Lewis-Gale Hospital *	Roanoke, Va.	Int. Med., Surg.
Louise Obici Memorial Hospital	Suffolk, Va.	Gen'l Pract.
Eastern State Hospital	Williamsburg, Va.	Psych.
Madigan Army Hospital *	Fort Lewis, Wash.	Int. Med., Ob.-Gyn., Surg.
Children's Orthopedic Hospital	Seattle	Anes., Ortho. Surg., Ped., Surg.
Doctor's Hospital *	Seattle	Anes., Int. Med., Ob-Gyn., Path., Surg.
Firland Sanatorium	Seattle	Pul. Dis., Thor. Surg.
King County Hospital Unit 1 (Harborview) *	Seattle	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Surg., Urol.
Pinel Foundation	Seattle	Psych.
Providence Hospital *	Seattle	Gen'l Pract., Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
State of Washington	Seattle	Pub. Health
Swedish Hospital *	Seattle	Int. Med., Ob.-Gyn., Path., Surg.
U. S. Public Health Service Hospital *	Seattle	Int. Med., Path., Surg.
Veterans Admin. Hospital	Seattle	Anes., Int. Med., Neur., Ortho. Surg., Path., Psych., Surg.
Virginia Mason Hospital *	Seattle	Anes., Int. Med., Obst., Path., Rad., Surg.
Central Washington Tuberculosis Hospital	Selah, Wash.	Pul. Dis.
Deaconess Hospital *	Spokane, Wash.	Path.
Sacred Heart Hospital *	Spokane, Wash.	Gen'l Pract., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Spokane, Wash.	Gen'l Pract., Ob.-Gyn., Path.
Shriners Hospital for Crippled Children	Spokane, Wash.	Ortho. Surg.
St. Joseph Hospital *	Tacoma, Wash.	Path.
Tacoma General Hospital *	Tacoma, Wash.	Anes., Path.
Beckley Hospital	Beckley, W. Va.	Surg.
Bluefield Sanitarium	Bluefield, W. Va.	Gen'l Pract.
Charleston General Hospital *	Charleston, W. Va.	Gen'l Pract., Int. Med., Path., Surg.
Kanawha Valley Hospital *	Charleston, W. Va.	Surg.
Memorial Hospital *	Charleston, W. Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital	Clarksburg, W. Va.	Path.
Chesapeake & Ohio Hospital	Huntington, W. V.	Int. Med., Surg.
St. Mary's Hospital *	Huntington, W. Va.	Path., Surg.
Veterans Admin. Hospital	Martinsburg, W. Va.	Path., Rad., Surg.
Laird Memorial Hospital	Montgomery, W. Va.	Surg.
Camden-Clark Memorial Hospital *	Parkersburg, W. Va.	Gen'l Pract.
St. Joseph's Hospital *	Parkersburg, W. Va.	Gen'l Pract.
Broaddus Hospital	Philippi, W. Va.	Surg.
Ohio Valley General Hospital *	Wheeling, W. Va.	Anes., Gen'l Pract., Int. Med., Path., Surg.
Luther Hospital *	Eau Claire, Wis.	Gen'l Pract.
Mercy Hospital *	Janesville, Wis.	Surg.
La Crosse Lutheran Hospital *	La Crosse, Wis.	Int. Med., Surg.
Madison General Hospital *	Madison, Wis.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
Mendota State Hospital	Madison, Wis.	Psych.
Methodist Hospital *	Madison, Wis.	Surg.
St. Mary's Hospital *	Madison, Wis.	Int. Med., Ob.-Gyn.
University Hospitals *	Madison, Wis.	Allergy, Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
St. Joseph's Hospital *	Marshfield, Wis.	Int. Med.
Columbia Hospital *	Milwaukee	Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Evangelical Deaconess Hospital *	Milwaukee	Gen'l Pract., Surg.
Milwaukee Children's Hospital *	Milwaukee	Ortho. Surg., Ped.
Milwaukee County Hospital *	Milwaukee	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Proct., Rad., Surg., Urol.
Milwaukee Hospital *	Milwaukee	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Sinai Hospital *	Milwaukee	Int. Med., Ob.-Gyn.
Muirdale Sanitorium	Milwaukee	Pul. Dis.
St. Joseph's Hospital *	Milwaukee	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Milwaukee	Gen'l Pract. Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Mary's Hospital *	Milwaukee	Int. Med., Ob.-Gyn., Path.
St. Michael's Hospital *	Milwaukee	Gen'l Pract.
Veterans Admin. Hospital	Milwaukee (Wood)	Anes., Derm., Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Milwaukee Sanitorium	Wauwatosa, Wis.	Path.
Gorgas Hospital *	Ancon, C. Z.	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Surg.
Kapiolani Maternity and Gynecological Hospital	Honolulu, T. H.	Ob.-Gyn.
Kaulkeolani Children's Hospital	Honolulu, T. H.	Ped.
Leahi Hospital	Honolulu, T. H.	Pul. Dis., Thor. Surg.
Queen's Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path., Psych., Surg.
St. Francis Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path.
Shriners Hospital for Crippled Children	Honolulu, T. H.	Ortho. Surg.
Tripler Army Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Territorial Hospital	Kaneohe, Oahu, T. H.	Psych.
Bayamon District Hospital *	Bayamon, P. R.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Hospital Hato Tejas, Inc.	Bayamon, P. R.	Psych.
San Juan City Hospital *	San Juan, P. R.	Anes., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	San Juan, P. R.	Int. Med., Phys. Med., Rad., Surg.

* Indicates hospitals approved for training interns.

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REQUIREMENTS FOR CERTIFICATION

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies and fellowships under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Two boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy. Certification in the primary field is a requirement for certification in the subspecialties. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in pathological anatomy, clinical pathology, a combination of these two fields, pathological anatomy and clinical microbiology, clinical microbiology and clinical chemistry, clinical bacteriology, neuropathology, clinical microbiology, hematology, and clinical chemistry. The American Board of Preventive Medicine issues certificates in public health, aviation medicine, and occupational medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neurology, or a combined certificate for those qualified in both fields. This board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, therapeutic roentgenology, radium therapy, radiological physics, x-ray and radium physics, and medical nuclear physics.

The majority of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of THE JOURNAL, there are published, with the consent of each board concerned, the requirements for certification in specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any specific inquiry concerning certification by a specialty board should be addressed to the board secretary, whose name and address will be found in this issue of THE JOURNAL.

Table 1 contains a list of the approved specialty boards, the year of activation, and the total number of candidates certified through June 30, 1957. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

TABLE 1.—*Approved Examining Boards in Medical Specialties*

Name of Board	Year of Activation	Total Certificates Awarded to June 30, 1957
American Board of Anesthesiology	1937	1,698
American Board of Dermatology	1932	1,806
American Board of Internal Medicine	1936	11,336
American Board of Neurological Surgery	1940	715
American Board of Obstetrics and Gynecology	1930	5,258
American Board of Ophthalmology	1915	4,642
American Board of Orthopaedic Surgery	1934	2,876
American Board of Otolaryngology	1924	5,250
American Board of Pathology	1936	3,283
American Board of Pediatrics	1933	6,089
American Board of Physical Medicine and Rehabilitation	1947	322
American Board of Plastic Surgery	1937	386
American Board of Preventive Medicine	1948	1,915
American Board of Proctology	1949	259
American Board of Psychiatry and Neurology	1934	5,885
American Board of Radiology	1934	5,654
American Board of Surgery	1937	8,790
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1949	677
American Board of Urology	1935	2,310
Totals		69,151
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy		158
Cardiovascular Disease		563
Gastroenterology		375
Pulmonary Diseases		255
Totals		1,351
American Board of Pediatrics		
Allergy		77
American Board of Surgery		
Proctology		81*
Totals		1,509
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics		22
Gynecology		14
Totals		36
American Board of Otolaryngology		
Endoscopy		4
American Board of Pathology		
Pathological Anatomy		1,658
Clinical Pathology		473
Pathological Anatomy and Clinical Pathology		1,107
Pathological Anatomy and Clinical Microbiology		1
Clinical Microbiology and Clinical Chemistry		1
Clinical Bacteriology		2
Neuropathology		15
Clinical Microbiology		17
Hematology		4
Clinical Chemistry		5
Totals		3,283
American Board of Preventive Medicine		
Aviation Medicine		352
Occupational Medicine		312
Public Health		1,251
Totals		1,915
American Board of Psychiatry and Neurology		
Psychiatry		4,524
Neurology		389
Psychiatry and Neurology		972
Totals		5,885
American Board of Radiology		
Radiology		3,879
Roentgenology		902
Diagnostic Roentgenology		561
Therapeutic Radiology		168
Therapeutic Roentgenology		4
Radium Therapy		7
Radiological Physics		51
X-ray and Radium Physics		16
Medical Nuclear Physics		6
Totals		5,654

* Independent board established in 1949.

A total of 63,727 physicians were reported certified by the 19 specialty boards on July 1, 1956. From this date through June 30, 1957, 5,424 physicians were certified, bringing the total to 69,151 certifications on June 30, 1957. Eighty-six physicians were certified in the subspecialties, bringing that total to 1,509 on the same date.

Table 2 indicates the total number of physicians certified each year for the past 15 years by all specialty boards. The total number certified on June 30, 1957, was 69,151.

The eighth edition of the "Directory of Medical Specialists," compiled by the Advisory Board for Medical Specialties and published in 1957 by the A. N. Marquis Company, Chicago, contains biographic information on the educational background of each living specialist, including those retired from practice, certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

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The regulations of this specialty board are undergoing revision at this time. For current requirements for certification, communications should be addressed to the Secretary of the American Board of Anesthesiology.

Table 2.—*Annual Specialty Board Certification, 1942-1957*

Year (Ended March)	No. of Boards in Existence	No. Certified	Cumulative Totals
1942	15	1,756	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,002	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	4,552	44,346
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,644
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151

* One board, the American Board of Proctology, did not certify any candidates during this period.

AMERICAN BOARD OF DERMATOLOGY

John H. Lamb, President
Oklahoma City
J. Lamar Callaway, Vice President
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Beatrice Maher Kesten, Secretary, 1 Haven Ave., New York 32, N. Y.
Walter C. Lobitz Jr., Assistant Secretary, Hanover, N. H.

For current requirements for certification, communications should be addressed to the Secretary of the American Board of Dermatology.

AMERICAN BOARD OF INTERNAL MEDICINE

Thomas M. Durant, Chairman, Philadelphia
Howard P. Lewis, Vice-Chairman, Portland, Ore.
Wright R. Adams, Chicago
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George E. Burch, New Orleans
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Chester M. Jones, Boston
John Minor, Washington, D. C.
George A. Perera, New York
Albert M. Snell, Palo Alto, Calif.
Victor W. Logan, Rochester, N. Y.
Thomas Findley, Secretary-Treasurer, Augusta, Ga.
William A. Werrell, Executive Secretary-Treasurer, 1 W. Main St., Madison, Wis.

Sub-Specialty Boards

Allergy

Vincent J. Derbes, New Orleans
Samuel M. Feinberg, Chicago
Stanley F. Hampton, St. Louis
Francis C. Lowell, Boston
William B. Sherman, New York

Cardiovascular Disease

Charles A. R. Connor, New York
A. Carlton Ernstene, Cleveland
Frank B. Kelly Sr., Chicago
J. Murray Kinsman, Louisville, Ky.
Bruce Logue, Atlanta, Ga.
Richard H. Lyons, Syracuse, N. Y.
Raymond D. Pruitt, Rochester, Minn.

Gastro-Enterology

Leon Schiff, Cincinnati
Lowell D. Snorf, Evanston, Ill.
Henry J. Tumen, Philadelphia
C. Wilmer Wirts, Philadelphia
Eric E. Wollaeger, Rochester, Minn.

Pulmonary Diseases

Alvis E. Greer, Houston, Texas
Roger S. Mitchell Jr., Denver
Edward S. Ray, Richmond, Va.
David T. Smith, Durham, N. C.
Julius L. Wilson, Philadelphia

GENERAL QUALIFICATIONS

1. All candidates must be citizens of the United States or Canada.

2. All candidates must be licensed to practice medicine in a state, territory, or possession of the United States or Canada.

3. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

2. Satisfactory completion of an approved internship of not less than twelve months.*

3. Residency or fellowship approved by the Council on Medical Education and Hospitals of the American Medical Association in internal medicine according to the following plan (Plan A) or one of the alternate plans described under paragraph 4.

*During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

(Plan A) A residency or fellowship in internal medicine for a period of not less than three years in a hospital or other institution approved by the Council on Medical Education and Hospitals of the American Medical Association for residency or fellowship in internal medicine. In such instances in which a resident's nominal status differs from that of the other hospital residents, he must furnish the Board with certification by the Chief of the Medical Service and the Medical Director of the Hospital that he actually performed the full duties of a resident as a bonafide member of the residency program. In addition, two years of adequate clinical experience in the practice of internal medicine following graduate training will be required. The Board will accept the following equivalents as satisfying one year only, of the three years of residency or fellowship to which this paragraph refers. (Two years must be in the field of general internal medicine.)

(a) If twelve months of a two year approved internship in a hospital approved for residency training in internal medicine is limited to the medical service and the medical specialties, credit will be granted for a first year of assistant residency. The remaining two years of residency training must be in the general field of internal medicine. Certification by the Chief of the Medical Service as to compliance with this requirement must accompany application.

(b) One year of approved residency in one of the medical specialties: Allergy, Cardiovascular Disease, Gastro-Enterology, Hematology, Pathology, Pulmonary Diseases, Neurology, Pediatrics, Psychiatry, Dermatology and Syphilology, or one year of an approved General Practice residency provided the candidate completes in addition, two full years of approved residency in the general field of internal medicine.

(c) One year as a graduate student or as an instructor in an approved medical school on a full time basis in Bacteriology, Biochemistry, Pathology, Pharmacology, Physiology, or Internal Medicine.

(d) An advanced degree in the Medical Sciences, provided the work has been done and the degree obtained after graduation from medical school.

NOTE: Graduate training credit for the time involved will be allowed candidates who take and satisfactorily complete post-graduate courses in internal medicine or the basic medical sciences provided by accredited medical schools on a full time basis. This ruling shall not apply to courses of less than three months or more than twelve months duration. A certification of creditable performance, based in part, at least, on a formal examination upon completion of the course, will be required.

NOTE: Fellowship or Research assignments not approved by the Council on Medical Education and Hospitals will require certification by the Chief of Service that such assignment was equivalent in graduate training opportunities and patient responsibilities to that of an approved residency in internal medicine or the sub-specialties recognized by this Board. This certification must be presented before application is filed.

4. Alternate Training Plans: The Board firmly believes that the plan of intensive training prescribed above offers the best opportunity for a young physician to prepare himself to meet his responsibilities as a specialist in internal medicine. It is recognized, however, that capable individuals may accomplish the same result in a longer period of time during which the training is less intensive. The Board realizes that a number of medical graduates cannot follow the shorter and more desirable plan either because suitable residencies are not available, or in some instances because of personal and economic reasons. Accordingly the Board has modified its previous regulations governing eligibility for admission to examination. In doing so the Board has not modified its standards of examination. It has liberalized its eligibility requirements for admission to examination by accepting half-time formal training, and the practice of internal medicine under circumstances favorable as to professional and hospital contacts, in lieu of part of the full-time requirements. It is hoped that by this means exceptional individuals may acquire a knowledge of medicine and experience in its application sufficient to qualify for examination.

The program previously described (Plan A), which consists of three years of formal training in an approved residency or its equivalent, following internship, and followed by two additional years in the practice of internal medicine, is recommended by the Board. Variations in this program are now subject to the following regulations.

(a) In all instances, one year of approved internship and one year of approved residency will be required, except as indicated under Plan "G." The graduate training credit of one year heretofore granted as a result of active duty as a commissioned officer in the Armed Forces during the period beginning December 7, 1941, and ending January 1, 1947, and during the Korean emergency beginning June 1, 1950, and ending July 1, 1954, may not be applied in satisfaction of the one year of approved residency referred to in Plans D, E, F, unless the candidate's assignment is considered by the Board to have been equivalent to an approved residency.

(b) Following one year of internship and two years of approved residency, the remaining requirements may be satisfied by:

(Plan B) That is, by two years of half-time formal training followed by two years of practice limited to internal medicine, or by

(Plan C) That is, by five years of practice limited to internal medicine.

(c) Following one year of internship and one year of approved residency, the remaining requirements may be satisfied by:

(Plan D)* That is, by four years of half-time formal training followed by two years of practice limited to internal medicine, or by,

(Plan E)* That is, by two years of half-time formal training followed by five years of practice limited to internal medicine, or by

(Plan F) That is, by eight years of practice limited to internal medicine.

(d) (Plan G) Physicians who have practiced internal medicine for twelve years following an approved internship may qualify for the examinations without further training.

(e) (Plan H) In order to liberalize the opportunity for adequate training in terms of the requirements of this Board, a special plan (Plan H) has been designed for those men who have been specially selected for a career in academic medicine. This plan is as follows:

"Admission to the written examination will be granted to a candidate affiliated with a Class A medical school in the United States or Canada who is recommended by the Head of the Department of Medicine of the Medical School as being adequately trained in Internal Medicine, provided the candidate has had at least five years of training following an approved internship. This training must have included direct responsibility for patient care in the broad field of internal medicine. This plan is designed for men who contemplate a career in academic medicine."

It will be the responsibility of Heads of Departments of Medicine to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to examination after a minimum of five years of training. It may well be that the Head of the Department will require additional years of training beyond the minimum before stating the qualifications of the candidate to the Board. A candidate thus recommended under the foregoing provisions will be examined by the Board in the broad field of internal medicine.

If, during the period of training under Plan H, the candidate decides to qualify under one of the other plans of the Board (A to G) credit will be granted on the basis of the requirements of Plans A to G.

Half-time formal training under expanded plans B, D and E is defined as follows:

1. Half-time* as an instructor in clinical medicine in a recognized medical school in the United States or Canada.

2. Half-time* in a research fellowship sponsored by a recognized medical school in the United States or Canada.

3. Half-time* as a graduate student in an approved medical school in the United States or Canada.

5. Practice Requirements: A period of not less than two years (to be completed by the time of the first written examination) of adequate clinical experience in the practice of internal medicine. This requirement may be satisfied by inde-

pendent practice or in association with a recognized internist following completion of formal training. If teaching or research assignments are broad enough to merit practice credit, please ask Chief of Service or Chairman of the Department of Medicine to certify that assignments are equivalent to the practice of medicine as it is commonly known. Adequate experience in the care of clinical patients would include full responsibility for in-patients as well as out-patients. The certification referred to should accompany application.

6. Graduates of Foreign Medical Schools: All candidates who are graduates of foreign medical schools must meet the following requirements as a minimum:

(a) The physician must be a citizen of the United States.

(b) The physician must furnish proof in the form, and to the extent deemed adequate by the Board that he (or she) has graduated from a medical school after completing a four year full time course in medicine.

(c) The physician must have a license to practice in one or more states of the United States, and have been in active practice confined to Internal Medicine within the state of legal residence for at least two years.

(d) Graduates of foreign medical schools prior to 1930 may qualify under the alternate plans of the Board the same as graduates of approved medical schools in the United States.

(e) Graduates of foreign schools in 1930 and thereafter must, in addition to all other requirements, satisfy the requirements of one year of approved internship, and three years of approved residency or fellowship in the United States, followed by at least two years of practice limited to the field of Internal Medicine in the United States. If, however, their school of graduation is "recognized" by the Council on Medical Education and Hospitals of the American Medical Association, graduates of Foreign Schools may qualify under the various plans of the Board the same as graduates of approved Medical Schools in the United States.

7. Candidates Graduating Prior to 1937: Candidates graduating from approved medical schools in the United States or Canada prior to 1937 may qualify for admission to examination provided their practice has been limited to internal medicine for at least two years prior to application and provided they are identified as internists by their colleagues in their community.

8. Preceptor Training: Preceptor type training is not recognized in satisfaction of any part of the three year requirement of formal graduate training.

9. Credit For Service In The Medical Corps of the Armed Forces Of The United States and Canada.

(a) Active duty as a commissioned officer in the Medical Corps prior to January 1, 1947, may be applied as one year of residency credit or one year of practice credit, regardless of assignment. Service beyond one year may only be applied as practice credit on Certification of former Chiefs of Service that assignments were in the field of Internal Medicine on a full time basis in the care of clinical patients largely on one's own responsibility.

(b) Active duty as a commissioned officer in the Medical Corps from January 1, 1947, to June 1, 1950, may be applied as practice only. Certification of former Chiefs of Service (as referred to in Paragraph A) should accompany application.

(c) Active duty as a commissioned officer in the Medical Corps for period June 1, 1950, to July 1, 1954, may be applied as one year of residency credit or one year of practice credit regardless of assignment. Service beyond one year may be applied as practice credit only on the Certification of former Chiefs of Service as referred to in Paragraph A.

(d) Active duty as a commissioned officer in the Medical Corps after July 1, 1954, may be applied as practice credit only. Certification of Chiefs of Service as referred to in Paragraph (a) should accompany application.

(e) Residency credit automatically granted for active service in the Medical Corps of the Armed Forces was discontinued as of July 1, 1954.

*Half-time formal training is regarded as four hours per day for six days per week. It is required that half-time formal training be verified by the head of the department. Verification must accompany application.

10. Graduates of The Chicago Medical School, prior to approval by the Council on Medical Education and Hospitals of the American Medical Association, and graduates of the Middlesex School of Medicine, who received their degree in medicine prior to January 1, 1951, and who have fulfilled all of the requirements set forth in Section 2 (Requirements for admission to Examination and Certification), and an approved residency or fellowship of three years duration (Plan A) and followed by two years of practice in Internal Medicine may apply, and at the discretion of the Executive Committee or of the Board may be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in Medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in suggesting a program for those who wish advice, the Board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The Board believes that all internists should have a sound fundamental knowledge of Anatomy, Bacteriology, Biochemistry, Pathology, Pharmacology, and Physiology. Such knowledge is essential to the continued progress of any internist. The Board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The Board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the Board.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive Secretary-Treasurer.

The application must contain a record of the candidate's premedical and medical training as well as of internships, residencies, graduate study, hospital or dispensary staff appointments, teaching positions, service in the armed forces, membership in medical societies, medical papers published, and the names of four well known internists to whom the Board may write for professional and character reference.

The application must be accompanied by one recent, signed photograph of the candidate mounted on the application, and the registration and examination fee of Forty ($40.00) Dollars to cover the written examination, of which Twenty-five ($25.00) Dollars will be refunded if the application is disapproved. Upon application for admission to the oral examination, an additional fee of Fifty ($50.00) Dollars will be required. Upon notification of certification by the Board, a further fee of Ten ($10.00) Dollars to cover cost of certification, will be required.

Applications must be filed by May 1st of the year concerned and all requirements must be satisfied by October 1st of the year concerned.

The requirements of graduate training followed by two years of practice in the field of internal medicine must be satisfied before a candidate is eligible for admission to examination.

If three or more years elapse before a candidate completes his certification, the Board will require the candidate to file a new application.

METHOD OF EXAMINATION—WRITTEN AND ORAL

1. The examinations for certification by the Board comprise two parts: Part I is written; Part II is clinical and is an oral examination. The written examination is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday

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in October. This examination is divided into a morning and afternoon period for each of which three hours are allowed. The questions are of the multiple choice type, framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. Candidates must pass the written examination before admission to the oral examination will be authorized. Oral examinations are held near the time and place of the annual meetings of the American Medical Association and the American College of Physicians and at such other times and places as the Board may designate. Announcements of all oral examinations will appear in the *Annals of Internal Medicine* and THE JOURNAL of the American Medical Association. Applications cannot be accepted until the schedule is announced in the publications referred to and cannot be accepted after the closing date as announced.

3. The oral examination will be conducted under the direct supervision of the Board. It will be given by members of the Board of Internal Medicine with the assistance of such Guest Examiners as may be selected. Oral examinations are conducted at the bedside of each of two patients previously assigned to each candidate. Forty-five minutes will be allowed for the examination of each of the patients before the candidate is examined orally. Candidates will be expected to present in a concise, orderly fashion pertinent facts in history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion and to any other aspects of Internal Medicine. Conciseness and clarity of statements as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret objective demonstrations of roentgenologic, pathologic, hematologic, electrocardiographic and other abnormalities.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

A. EARL WALKER, Chairman, Baltimore
EDGAR F. FINCHER, Vice-Chairman, Atlanta, Ga.
GEORGE S. BAKER, Rochester, Minn.
E. JEFFERSON BROWDER, Brooklyn, N. Y.
WILLIAM V. CONE, Montreal, Canada
DEAN H. ECHOLS, New Orleans
FRANC INGRAHAM, Boston
EDGAR A. KAHN, Ann Arbor, Mich.
FRANK MAYFIELD, Cincinnati
WILLIAM T. PEYTON, Minneapolis
JOHN RAAF, Portland, Ore.
LEONARD T. FURLOW, Secretary-Treasurer, 600 S. Kingshighway, St. Louis 10, Mo.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board of directors.

2. It shall be discretionary with the board to accept for examination candidates who have been in practice more than six years but whose formal training fails to meet the full requirements.

3. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States of America or Canada may apply for certification by the American Board of Neurological Surgery.

4. A special certificate may be issued to foreign (not United States of America or Canadian citizens) candidates who have received their training in neurological surgery in the United States of America or Canada and who are returning to their own country at the end of their training period, upon passing successfully the regular examinations of this board, without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this board.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school that is acceptable to the American Board of Neurological Surgery.

2. Completion of a surgical internship of not less than one year in a hospital acceptable to the board, or its equivalent in the opinion of the board. (A one year rotating internship does not satisfy this requirement.)

SPECIAL TRAINING

A period of graduate study of not less than four years beyond the year of general surgical training in an approved hospital, or in a recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period, at least 30 months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is preferable that at least two years of this training be had in one institution, and the board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

Furthermore the candidate must prepare himself to pass a board examination in general surgery, organic neurology, neuropathology, neuro-anatomy, neuro-physiology, neuro-ophthalmology, and neuro-radiology.

An additional period of not less than two years of satisfactory independent practice of neurological surgery.

The above represent only the minimum requirements of eligibility for examination for certification by the board.

APPLICATIONS

An application on the official application blank in order to be considered at any meeting, must be in the hands of the secretary-treasurer of the board not less than six months before the date of such meeting.

PAYMENT OF FEES

The fee for certification shall be $100.

The candidate for examination on filing his application shall accompany it with an application fee of $25. When notified by the secretary-treasurer that he is eligible for examination he shall send the examination fee of $75 to the secretary-treasurer at least two weeks before the date of the examination.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

F. BAYARD CARTER, President, Durham, N. C.
ROBERT A. KIMBROUGH JR., Vice-President, Philadelphia
HERBERT E. SCHMITZ, Vice-President, Chicago
WALTER T. DANNREUTHER, New York
DANIEL G. MORTON, Los Angeles
JOHN L. PARKS, Washington, D. C.
CONRAD G. COLLINS, New Orleans
R. GORDON DOUGLAS, New York
CARL P. HUBER, Indianapolis
CURTIS J. LUND, Rochester, N. Y.
ROBERT L. FAULKNER, Secretary-Treasurer, 2105 Adelbert Rd., Cleveland 6, Ohio
LAWRENCE M. RANDALL, Assistant Secretary, Rochester, Minn.

REQUIREMENTS

Each applicant, before he may become eligible to apply for examination, must establish the following facts:

1. The possession of the degree of Doctor of Medicine from an institution of learning approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. That he is a physician of high ethical and professional standing duly licensed to practice medicine in the United States or Canada and is a member of a County or District Medical Society.

3. The completion of at least one year of intern service in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association. The Board

accepts the fifth or "intern" medical year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.

4. The completion of seven years of training and practice after the first intern year to include at least three years of residency training in clinical obstetrics-gynecology in approved institutions. Approved preceptorship training may be substituted in part for residency training.

5. Following completion of acceptable training, two years of post-training practice, limited to the specialty, are required before application for examination can be made. Post-training practice may include practice within the specialty as an assistant or associate or independent practice. Periods of residency in obstetrics-gynecology in excess of the required three years will not be accepted as a substitute for any part of the two required years of post-training practice except in the cases of men advancing from the residency training into and planning to remain in full time faculty positions in medical schools and their affiliated hospitals.

6. That he is limiting his practice to obstetrics and/or gynecology and intends to continue to do so, except for possible military duty.

7. The Board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying our requirements for each of three years of residency training. Such allowances can be made only for services during the war-time period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

8. Applicants who have been certified by one of the other American specialty examining boards will not be eligible for certification by this Board until they have relinquished the certificate previously conferred, except upon special action to the contrary taken by the American Board of Obstetrics and Gynecology.

9. The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

10. This Board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The sole exception to this provision is that it is permissible for candidates and diplomates of the American Board of Obstetrics and Gynecology to participate in emergency care.

11. This Board will not accept applicants for examination who are not full citizens of the United States or of Canada. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a State or Provincial Board of Licensure. Notarized statements, not original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born. Further, there will be required a probationary period of at least three (3) years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

SPECIAL CREDITS AND RULINGS

1. Physicians otherwise qualified, who are graduated before January 1, 1939, and whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five (5) years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. At least a fundamental knowledge of both obstetrics and gynecology is essential regardless of whether a candidate's practice is limited to one or the other branch.

2. Basic science training should emphasize the relation of anatomy, pathology, physiology, biochemistry, and bacteriology, to the application of surgical principles which are fundamental in all branches of surgery. More especially for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, electrotherapy, psychosomatic medicine and other nonoperative methods of diagnosis and treatment. In addition, the candidate must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

3. After July 1, 1958, this Board will not allow credit within the three years required training period for separately organized basic science courses which remove the candidate from clinical training in obstetrics and/or gynecology.

4. Training in abdominal surgery, in addition to the required three (3) years of training in clinical obstetrics and gynecology, is desirable and may be included in the total minimal seven (7) years required after the intern year.

5. Applicants on service in obstetrics-gynecology under orders in hospitals of the Army, Navy, Air Force and Public Health Service will receive residency training credit if such hospitals are officially approved for training in this specialty.

When the hospital is not approved, preceptorship training credit may be allowed if the service is supervised by a Diplomate of this Board or an otherwise qualified obstetrician and gynecologist. If such training credit is desired, candidates must comply with the regulation governing preceptorships. In addition, the Medical Officers Professional Training Record should be completed and attested while in military service.

Credit toward the required two years of post-training practice, limited to this specialty, will not be allowed for service in the Armed Forces except in the case of regular medical officers who have completed the training requirements.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the Secretary's Office and must be forwarded with the other required credentials and the application fee to the Secretary's Office not later than September 1, of each year.

All candidates must comply with Board regulations in effect for the year in which the examination is taken, regardless of when the original application was filed.

Candidates applying for admission to the examinations for certification are required to submit with their application, an unbound typewritten list on 8½ by 11 paper of all patients admitted to the hospitals where they practice, for the year preceding their application or the year prior to their request for reopening of their application, with the age, parity, diagnosis, pathological diagnosis, nature of treatment, and end result.

The list should be certified by the hospital librarian, administrator or superintendent.

The application fee is $25.00 and is not returnable.

The examination fee is $100.00 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

EXAMINATIONS

Part I examinations are scheduled annually for early in January. Arrangements will be made for candidates to report in any convenient city where there may be a Diplomate of this Board to conduct or to supervise the written examination which will be sent out from the Board's office under sealed cover.

Special arrangement will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the Secretary's office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral-clinical and pathology examinations (Part II). The passing grade for the written examination and case reports is 75 per cent. A candidate whose grade in either or both falls below 75 per cent is conditioned. Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

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Part I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.

2. The evaluation of twenty (20) important obstetrical and gynecological case reports in condensed form. Five (5) of the twenty (20) cases may concern major illnesses not necessarily operative. These reports must include a variety of material rather than a number of reports of one type. Case reports from one's residency service shall not be more than five (5) in number.

CASE REPORTS

In the case of candidates applying for unilateral certification, case reports must pertain to the branch for which application is made.

Men holding full-time medical school faculty appointments may submit the remainder of their case records from this full-time, non-private practice, but post-training service. The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit separate verified index lists, in duplicate, for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

Part II

The oral-clinical and pathology examinations given all candidates are conducted by the entire Board and the associate examiners. Advance announcements of examination dates and place will be made in medical journals throughout the country.

Examination consists of:

1. Oral examination before three or more examiners. An endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination. The candidate is expected to identify and to discuss pathologic specimens and microscopic sections.

Examiners report orally upon each candidate to the assembled Board, after which the results of their investigations are considered jointly by the entire Board and associate examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire Board of Directors.

The final action of the Board is based upon the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examination.

GRADUATE TRAINING RESIDENCIES

This Board, through the Council on Medical Education and Hospitals of the American Medical Association, has approved institutions providing acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology has established the following requirements for its approval of a residency in a hospital department or service:

1. It is most desirable that the Chief of Service of the Department be certified by the Board, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In lieu of such certification the Board will approve of individuals of recognized high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made by assent of the Committee on Residency Training, for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology may be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

4. If gynecology is classified in the given hospital as a subdivision or subservice of general surgery, approval cannot be granted for residency training in gynecology. Exceptions have been made if the subdivision of Gynecology is headed and staffed by a Chief and at least one other certified by this Board or otherwise qualified as specialists in obstetrics-gynecology, as specified above, thus ensuring an acceptable educational program in obstetrics-gynecology.

5. Departments holding official approvals for residency training are cautioned that their totals of residents appointed must be kept to the number specified in the American Medical Association–American Board approval notification. Dilution of training facilities by unauthorized appointment of residents in excess of these numbers may be cause for reinspection and changes in approval status of such hospitals and their special services.

6. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of THE JOURNAL of the American Medical Association as they appear during each year, dealing with these subjects, or should apply to the Council on Medical Education and Hospitals of the American Medical Association for bulletins entitled Essentials of Approved Residencies and Fellowships.

7. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the American Medical Association. All statements amplifying an application should also be made in triplicate. The hospital should keep a duplicate of all papers.

8. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Action is taken jointly by the Council and this Board after survey by the Council.

9. Approvals are granted according to adequacy of the training program and teaching facilities of various institutions on the following several bases: (a) one-year approval in obstetrics and gynecology (combined) or one-year approval in obstetrics and/or in gynecology (separate), correlated basic science instruction being an essential part of the first year; (b) two-year approval in obstetrics and gynecology (combined) or two-year approval in obstetrics and/or in gynecology (separate), provided there is opportunity in the latter instances for some degree of rotation between the two services as well as laboratory instruction in basic sciences; (c) three-year approval in obstetrics and gynecology (combined) or in obstetrics or in gynecology, provided there is opportunity for one to one and one-half years' service in the branch of the specialty opposite to that in which the candidate holds appointment, as well as laboratory instruction in the basic sciences of both branches.

Exchange residencies within the specialty between approved institutions are acceptable and to be encouraged. Many authorities believe that training in more than one institution is broadening to the candidate. "Farming out" to unapproved institutions or services is not acceptable unless the work of such services is directly and carefully supervised by the Chiefs of the service in the approved hospital under which the man is actively appointed and working. This should be attested by such Chiefs.

Exchange residencies into other specialties cannot be permitted to subtract from the minimal required three (3) years of training divided between obstetrics-gynecology.

Two (2) years of post-training practice limited to the specialty is necessary before a candidate may apply for examination.

This Board has no objection to residency services being arranged by hospitals for periods longer than three (3) years, unless this dilutes the candidate's clinical training opportunities too much during the first three (3) years. However, the Board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two (2) years of post-training practice.

The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community.

Exception to this ruling may be made for men advancing from their training into and planning to remain in full-time teaching positions. These men then must complete at least two (2) years in such positions. Consequently the only institutions in which men may work as fourth and fifth-year residents and obtain credit for this time as "post-training practice" are those directly affiliated with approved schools of medicine as teaching hospitals for undergraduate instruction. These "full-time" men must hold faculty appointments, must have teaching duties with undergraduate students, must be given independent authority more than that of residents, and must make a declaration of intention to remain in full-time teaching work.

10. Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association–American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examinations for certification at the discretion of the Board.

11. It should be recalled by all concerned that credits for graduate training may be obtainable in certain instances for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent upon the teaching qualifications of those in charge of the service, and the clinical facilities of the hospital in question.

PRECEPTORSHIP TRAINING

After July 1, 1958, the initiation of Preceptorship Training must be preceded by two (2) years of formal training in an institution approved for residencies in obstetrics and/or gynecology. Candidates who propose Preceptorship Training must notify the Secretary of the Board of such intent and request an application form. When this has been completed, signed by the Preceptor and Preceptee and returned to the Secretary, it will be submitted (as has long been true of Residency Training Programs) to the Residency Training Committee of the Board for their decision.

If the program is approved the Preceptor must supervise closely the candidate's work and keep an informative record of the candidate's performance. The Preceptor and the Preceptee shall report in writing to the Secretary of the Board at the end of each six months of Preceptorship, outlining the progress of the training program. This information will be placed in the candidate's application for admission to examination in order that it may be evaluated by the Credentials Committee.

As a general rule each year of Preceptor Training will receive a six month's credit toward the total of three years of training necessary for admission to examination. As is the case with candidates whose training has been entirely by formal residency, each application will be evaluated finally by the Credentials Committee.

An acceptable Preceptor preferably shall be one certified by the American Board of Obstetrics and Gynecology and must have been certified for a minimum of five years. Fellowship in the American College of Surgeons or long experience and established reputation as an obstetrician-gynecologist without either of the above qualifications may qualify the Preceptor.

Preceptor and Preceptee must work in a hospital approved by the Joint Commission on Accreditation of Hospitals.

The post-training practice requirement cannot be carried on concurrently with Preceptorship Training.

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PREREQUISITES

1. High ethical and professional standing.

2. Full citizenship in the country where the candidate practices. (Limited to countries of North and South America, their possessions and territories, and the Philippine Republic.)

3. A degree from a medical school of high standing, satisfactory to the board and approved by the Council on Medical Education and Hospitals of the American Medical Association. An applicant whose training has been received outside of the United States and Canada must present credentials satisfactory to the board and is required to have the certificate of the National Board of Medical Examiners if he has been in practice less than 10 years.

4. Completion of an internship of not less than one year in a hospital approved by the same Council.

5. Completion, by the time of the written qualifying test, of not less than 36 months (a total of 60 months is required of candidates practicing both ophthalmology and otolaryngology) of combined study, training, and practice of ophthalmology in approved medical schools, hospitals, clinics, dispensaries, laboratories, preceptorships, and private practice.

6. Effective January 1, 1957:

(a) Licensure in the state, province, or country where the candidate practices.

(b) Individuals who have completed three years of formal ophthalmological training (residency and basic science courses) will be eligible to apply for the written qualifying test after completion of one year of practice or of one year of institutional work. All other individuals (with less formal training) will be eligible to apply for the written test after 60 months in ophthalmology or 72 months of combined ophthalmology and otolaryngology. A basic course is recognized as equivalent in time to residency training.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the secretary's office before the deadline date.
2. Fee of $100 remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery.
7. Licensure in the State, Province or country where the candidate practices.

FEES

For original written test, $100.00, payable with application.
For original clinical examination, $50.00, payable on successful completion of the written.

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AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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GENERAL ELIGIBILITY REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.
2. Graduation with a degree of doctor of medicine from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school on the approved list of the aforementioned Council.
3. Completion of an internship of not less than one year in a hospital approved at that time by the Council on Medical Education and Hospitals of the American Medical Association or, if trained in foreign countries, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.
4. Completion of one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or substitute training in general surgery considered satisfactory by the American Board of Orthopaedic Surgery. The minimum of one year of training in general surgery is in addition to the minimum of one year of internship. This requirement may be fulfilled by substituting a second year of internship, by time spent in research, by time spent on a service in which there is an overlap of interest with orthopaedic surgery, by a fourth year of approved orthopaedic resident training, or by surgical work in private or military life.
5. Completion of formal requirements for part 1 or part 2 examinations. These formal requirements can be satisfied only by resident orthopaedic training.

Applicants may not be admitted to examinations, or be certified, on the basis of extensive specialized practice and/or teaching appointments and/or many short unapproved courses.

6. Restriction of practice to orthopaedic surgery.

REQUIREMENTS FOR PART 1 EXAMINATIONS

1. Completion of and compliance with aforementioned general eligibility requirements.
2. Citizenship in the United States or Canada, or possession of citizenship papers showing intent to become a full citizen.
3. Following completion of a year of internship, satisfactory completion of a minimum of one year of general surgical training, or its substitute, plus (a) two years of approved training in orthopaedic surgery under a program of resident training.
4. Evidence of competence in training.
5. Approval for examination by the committee on eligibility of the American Board of Orthopaedic Surgery.

REQUIREMENTS FOR PART 2 EXAMINATIONS

1. Successful completion of part 1 examinations.
2. Full citizenship in the United States or Canada.
3. License to practice in the United States or Canada.
4. Satisfactory completion of a minimum of three years of approved resident training in orthopaedic surgery, plus a minimum of two subsequent years of practice period.
5. Evidence of competence in practice.
6. Approval for examination by the committee on eligibility of the American Board of Orthopaedic Surgery.

APPLICATION AND EXAMINATION FEE SCHEDULE

1. Application for part 1, fee $15, not returnable.
2. Examination, part 1, fee $35, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.
3. Application for part 2, fee $15, not returnable.
4. Examination, part 2, fee $50, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

APPLICATIONS

1. Applications for part 1 examinations must be received in the office of the secretary of the board before November 30 of the year preceding the examinations.
2. Applications for part 2 examinations must be received in the office of the secretary of the board before August 15 of the year preceding the examinations.
3. Notices of acceptance for admission to the part 1 examinations are mailed to eligible candidates during the month of February in the year of the examinations.
4. Notices of acceptance for admission to part 2 examinations are mailed to eligible candidates during the month of November in the year preceding the examinations.
5. Questions of eligibility for examinations are decided by the committee on eligibility of the board. This committee meets twice yearly. The secretary is not empowered to rule on questions of eligibility.
6. The life of an application is three years. After this time a new application and application fee must be submitted.

EXAMINATIONS

1. Part 1 examinations are held once yearly, usually in April or May, in various centers in the United States.
2. Part 2 examinations are held once yearly, usually in one center, immediately preceding the meeting of the American Academy of Orthopaedic Surgeons.
3. The locations and dates of coming examinations are announced in THE JOURNAL of the American Medical Association and the *Journal of Bone and Joint Surgery*.

CERTIFICATION

1. Applicants who successfully pass part 1 examinations will receive no certificate but will be notified by letter by the secretary.
2. Applicants who successfully pass part 2 examinations receive a certificate of the board, which states that they have been found qualified to practice the specialty of orthopaedic surgery in those fields in which they have been trained and examined.
3. Candidates obtaining certification without training and examination in children's orthopaedic surgery may subsequently add certification in children's orthopaedic surgery by completing a minimum of one year of approved resident orthopaedic training in children's orthopaedic surgery and successfully passing examination in that field. A practice period of one year is required following completion of resident training, prior to examination for additional certification.

APPROVED RESIDENCIES

1. In the United States, resident training must be taken in institutions approved for resident training in orthopaedic surgery by the Council on Medical Education and Hospitals of the American Medical Association. All approved institutions are listed yearly in the Internship and Residency Number of THE JOURNAL. Lists may be obtained from the American Medical Association and are not obtainable from the board.
2. The integral parts of approved residencies are designated in lists by the following symbols: A—adult orthopaedic surgery; C—children's orthopaedic surgery; F—fracture surgery; and S—basic science training. Approved length of training in institutions is also designated.
3. Candidates electing an additional year of training in adult orthopaedic surgery and fracture surgery in lieu of a year in children's orthopaedic surgery may satisfy requirements by continuing their training beyond the designated approved length of time in institutions appoved for adult orthopaedic surgery or adult orthopaedic surgery and fractures.
4. Credit for resident training is not retroactive. Candidates must receive resident training in institutions during periods that such institutions are on the approved list. If candidates are in training at institutions at the time that such institutions become approved, resident training credit may be granted from the start of the training period provided that the program is judged to have been satisfactory.

5. Candidates in resident training, or possessing signed contracts for future resident training in institutions which become disapproved, either in whole or part, receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" when the position occupied and the work performed is equal in all functions. Fellowships in institutions having residents, in which training and responsibilities are not equal, are not credited as resident training.

7. Institutions approved for resident training in orthopaedic surgery by the Council on Medical Education and Hospitals of the American Medical Association may, with prior acceptance by the American Board of Orthopaedic Surgery and notification to the Council, utilize the training facilities of institutions not individually approved for resident training by the aforementioned Council, provided that: (a) the training supplements services in the same categories in which the institution responsible for training is approved by the Council, (b) the resident spends at least half of the minimum required time in each category of training in institutions approved by the Council.

8. Foreign residencies must satisfy the American Board of Orthopaedic Surgery.

9. Application for approval of the training facilities of any institution must be made to the Council on Medical Education and Hospitals of the American Medical Association, and inspection of such facilities is made by representatives of the Council. Final approval is a joint function of the Council and the American Board of Orthopaedic Surgery.

REQUIREMENTS OF RESIDENT ORTHOPAEDIC TRAINING

1. Institutions approved for full three year programs including all parts of the training requirements may integrate all parts so that they are given concurrently.

2. Institutions now approved for less than three years of orthopaedic resident training should arrange with other approved institutions to provide complete three year programs for all residents.

3. The minimum requirements of resident orthopaedic training are as follows: (a) one year of training in adult orthopaedic surgery, (b) six months of training in the basic sciences, (c) six months of training in fracture surgery, and (d) one year of training in children's orthopaedic surgery or, if elected, an additional year of training in adult orthopaedic surgery and fracture training in place of training in children's orthopaedic surgery.

4. Candidates who elect an additional year of training in adult orthopaedic and fracture surgery instead of a year in children's orthopaedic surgery may satisfy the requirements by taking the additional year of training in adult orthopaedic surgery or six months of adult orthopaedic surgery and six months of fracture surgery, but may not take the entire year of training in fracture surgery.

5. Training in adult and children's orthopaedic surgery must include observation and firsthand experience in diagnosis treatment, operative and postoperative care of orthopaedic problems.

6. Training in fracture surgery must include observation and firsthand experience in diagnosis, treatment, operative and postoperative care of recent and old fractures.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology, and biochemistry as these basic sciences apply to orthopaedic surgery.

8. Candidates may complete the training requirements by training in several approved institutions provided that all the aforementioned minimum requirements are satisfied on approved services.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except a few short courses on the board's approved list and recognized supplementary services of approved institutions.

10. Candidates in resident training may not engage in private practice.

11. Candidates in resident orthopaedic training must receive their training in institutions and may not receive credit for time spent assisting in private office practice.

SEQUENCE OF EXAMINATIONS AND PRACTICE REQUIREMENTS

1. No person may take part 2 examinations until after successful completion of part 1 examinations.

2. Successful completion of part 1 examinations in no way obligates the board to declare a candidate eligible for part 2 examinations.

3. Regardless of how extensive or prolonged a practice a candidate may have had prior to completing the training requirements, such time may not be credited toward practice requirements. All practice requirements must be satisfied subsequent to completion of training requirements.

4. Candidates may not be admitted to examinations on the basis of prolonged practice but must qualify on the basis of formal training.

PRACTICE REQUIREMENTS

1. Candidates must maintain high ethical and professional standards.

2. Candidates must strive to increase their scientific knowledge.

3. Candidates must limit their practice to orthopaedic surgery.

4. Candidates who have had no approved training in children's orthopaedic surgery must confine their practice to fracture and adult orthopaedic surgery.

5. Candidates trained in resident orthopaedic training are required to complete a minimum of two years of orthopaedic practice subsequent to the completion of their formal training before becoming eligible for part 2 examinations.

6. Candidates in private or institutional practice must spend a minimum of 14 months in one locality immediately prior to application in order that practice may be properly evaluated.

7. Candidates employed full time in institutions may satisfy practice requirements by serving a minimum of two years, but minimum requirements may not be satisfied by mixing full-time institutional work with preceding or subsequent time in private practice.

METHOD OF EXAMINATION

1. Part 1 examinations consist of a written examination and oral examinations. Material covered includes fundamental surgical principles, elementary fracture and orthopaedic procedures, history-taking, and physical examinations as well as those parts of anatomy, pathology, physiology, and biochemistry related to orthopaedic surgery. The oral examinations consist of five parts: (a) anatomy, (b) pathology, (c) physiology and biochemistry, (d) surgery, and (e) fractures and orthopaedic surgery.

2. Part 2 examinations consist of a written examination and oral examinations. Material covered includes advanced work in all phases of orthopaedic surgery. The oral examinations consists of five parts: (a) anatomy, (b) pathology, (c) children's orthopaedic surgery, (d) fractures, and (e) adult orthopaedic surgery.

3. Candidates who have not had approved training in children's orthopaedic surgery will not be examined in that branch of orthopaedic surgery.

4. Candidates are notified by letter as to whether they passed or failed in the examinations. No information regarding results is available until such letters are mailed.

5. Results of integral parts of examinations are not available to either candidates or diplomates of the board.

6. Candidates who have passed part 1 examinations are required to take part 2 examinations within a 10 year subsequent period. If there is a lapse of more than 10 years, candidates must repeat part 1 examinations and must then become eligible by the requirements then in force.

MILITARY SERVICE

1. Medical officers who have elected service in the military forces as their life careers compete for certification on the same basis as do physicians in civilian practice.

2. Physicians who served for a minimum of one year in the military forces during the war years, between Jan. 1, 1941, and July 1, 1946, are granted a bonus of one year of practice credit, provided that the same time is not used for resident training credit.

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3. Applicants who served in military hospitals whose service is judged by the board to have been equal to that of approved resident orthopaedic training may be granted a maximum credit of one year of resident orthopaedic training. Applicants requesting such credit must submit completed "Professional Training Records."

4. No applicant may be granted more than one year of resident training credit and one year of practice credit for military service during the war years.

5. Medical officers assigned to civilian institutions on the approved list for resident orthopaedic training receive the same credit as do civilian candidates.

6. Medical officers who have elected service in the military forces as their life careers must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopaedic surgery.

RECORDS OF SURGICAL CASES AND INSPECTIONS

1. Records of a specified number of consecutive surgical cases may be requested by the board in order to evaluate properly the work of an applicant.

2. A representative of the board may visit a community in order to evaluate properly the work of an applicant.

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GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the board:

1. A candidate must have been a graduate for five years or more of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. A candidate must be of known good moral character and be ethical in his professional relationships.

3. A candidate trained in a foreign country must be able to give proof of medical and graduate training comparable to the requirements of the board.

4. A candidate from the United States or the Dominion of Canada must be a member of the American Medical Association or of the Canadian Medical Association respectively or other such medical societies of equal standing as are recognized by the Council on Medical Education and Hospitals of the American Medical Association.

5. Candidates from foreign countries who have received their training in otolaryngology in the United States and the Dominion of Canada are eligible for examination at the discretion of the American Board of Otolaryngology, provided they meet the general academic requirements of the Board.

SPECIAL REQUIREMENTS

1. A candidate must have had a general internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. A candidate must be proficient in the applied basic sciences, fundamental to the intelligent practice of otolaryngology. These include anatomy of the ear, nose, and throat, neck, chest, esophagus and nervous system, gross pathology and histopathology, bacteriology, physiology, didactic otolaryngology and the general fundamentals of surgery. (This requirement may be fulfilled in a residency or fellowship service or in an approved organized post-graduate course.)

3. In addition to the general internship, the required clinical training in otolaryngology may have been acquired in any of the following ways:

(a) A three years' residency or fellowship in otolaryngology approved by the Council on Medical Education and Hospitals of the American Medical Association.

(b) A four years' approved residency or fellowship in otolaryngology and ophthalmology provided one half of the training has been in otolaryngology.

(c) A two years' approved residency or fellowship in otolaryngology or a three years' approved combined residency or fellowship in otolaryngology and ophthalmology, provided two years have been in otolaryngology and have been preceded by at least one year's approved residency training in surgery or medicine, or by an additional year in an approved internship.*

4. In exceptional circumstances certain candidates who do not meet all of the above requirements may be accepted for examination on recommendation of the credentials committee, substantiated by action of the board.

5. At least one year must be spent in private, group, or institutional practice of otolaryngology after the period of special training. This requirement may be waived in cases of candidates from foreign countries who are returning there for the practice of otolaryngology. Should such a candidate pass the examination the certificate of the board will be withheld until the board has been furnished evidence that the candidate has spent one year in the practice of otolaryngology. (When the requirement of an additional year referred to in No. 5 may impose handicaps as to rating, in the Military or Veterans Administration Services, the candidate may be considered under No. 4 above.)

6. A candidate may be qualified for examination, at the discretion of the American Board of Otolaryngology, if in addition to the General Requirements and Special Requirements, No. 1 and 2, he has limited his practice to otolaryngology for seven years in association with a hospital staff approved by the Council on Medical Education and Hospitals of the American Medical Association.

7. A physician who limits himself exclusively to the practice of peroral endoscopy may be granted limited certification in this field by the American Board of Otolaryngology irrespective of certification in any other specialty. Limited certification will be granted provided the candidate has spent not less than one year of training in a hospital approved for endoscopic teaching and has passed successfully examinations in the basic sciences as they pertain to this field, and didactic and clinical examinations covering diseases of the larynx, pharynx, neck, esophagus, stomach, tracheobronchial tree, lungs and mediastinum and certain aspects of cardiovascular disease as they pertain to peroral endoscopy. A limited certificate by the American Board of Otolaryngology will not be issued to physicians who have been certified in a specialty that employs peroral endoscopy in diagnosis and/or treatment because his major interest is in that specialty, not in endoscopy.

All candidates must comply with current board regulations, regardless of the time of filing application.

APPLICATION AND FEES

1. Application must be made in duplicate on special blanks procured from the secretary. The completed application blanks must be returned to the secretary, together with the other required credentials, at least 120 days in advance of the examination at which the candidate desires to appear.

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*See Standards for Residencies in Otolaryngology published by the American Medical Association.

2. The applications must be accompanied by two small photographs of the candidate, together with verification of the period of enrollment from the institutions where training in otolaryngology was obtained, and the names of two or more otolaryngologists, preferably diplomates of the board, from the vicinity of the candidate's place of residency, to be used as references.

3. The fee for the examination is $150. Of this sum $75 must accompany the application, of which $50 shall be returned if candidate is not accepted for examination. No application will be acted on until the $75 application fee is received. The remaining $75 of the total examination fee of $150 must be paid to the secretary on notification that the candidate has been accepted.

4. The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expense.

5. The application remains valid for three years. An applicant must appear for examination within this time or forfeit the fee.

6. Candidates whose credentials have been found satisfactory and who meet the requirements of the board will be notified 90 days prior to the date of examination. The number of candidates who can be admitted to any one examination is limited. Due to a large number of applications on file, delay in assignment for examination may be inevitable. Appointments will be given in the order applications are accepted and on payment of the balance of the examination fee.

7. The board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the board shall be final.

EXAMINATION

Examinations will be held at such time and place as the judgment of the board may dictate. Advance notice of examinations will be given in THE JOURNAL of the American Medical Association and the several special journals devoted to otolaryngology. Insofar as is possible these will be held biannually at, or near, the time and place of meeting of the American Medical Association, or special societies, and of the American Academy of Ophthalmology and Otolaryngology. The examinations cover from two to four days.

Scope.—This examination encompasses all phases of otolaryngology and peroral endoscopy, including maxillofacial surgery, and surgery of the neck, excluding the thyroid.

The type of examination is as follows:

1. Clinical, covering the actual handling of patients, including history-taking, physical and functional examinations, the use of laboratory and x-ray findings, and a discussion of differential diagnosis.

2. Didactic, oral examinations covering all phases of otolaryngology.

3. Gross and microscopic pathology.

4. A written examination may be included when the board deems this advisable.

AMERICAN BOARD OF PATHOLOGY

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GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. The applicant must devote his time primarily and principally to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from medical schools in other countries acceptable to the board.

SPECIAL TRAINING AND EXPERIENCE

1. The board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience.

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board; or

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) Pathological anatomy only.

(1) Four years of supervised study and training in an institution approved for residency training in pathological anatomy by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed 12 months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of pathological anatomy in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(b) Clinical pathology only.

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship, in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctor's degree in a special field of clinical pathology (bacteriology, serology, chemistry, parasitology, or hematology) may obtain time credit for not more than 12 to 24 months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(c) Pathological anatomy and clinical pathology.

(1) Four years of supervised study and training divided as follows: (a) two years of supervised study and training in pathological anatomy as outlined in the preceding paragraph 2-(a)-(1), (b) two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(b)-(1). Candidates declared eligible before July 1, 1953, may, at their own election, substitute one year (twelve months) of a straight or rotating clinical internship for one year of this special training in clinical pathology. After July 1, 1953, all candidates applying for both pathological anatomy and clinical pathology will be required to have two years of supervised training in clinical pathology.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of both pathological anatomy and clinical pathology in a hospital approved

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by the American Medical Association or other institutions acceptable to the board. After July 1, 1953, candidates who elect to claim credit for one year for a clinical internship must take this fifth year as supervised study and training in clinical pathology in institutions approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates declared eligible after July 1, 1953, who do not take a clinical internship, may, after four years of training as outlined in 2-(1)-(a) and (b), spend the fifth year in independent practice in an institution or laboratory acceptable to the board.

Note: As outlined in the preceding paragraphs, the total time requirements of the board are unchanged after July 1, 1953, namely, five years of study or practice after graduation from medical school, with exceptions noted in sections 2-(a)-(1) and 2-(b)-(1).

3. The specific requirements for those acceptable after 11 years are as follows: (a) The practice of pathology under circumstances acceptable to the board for a period of not less than 11 years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For those candidates in this category who have had some special study and training in pathologic anatomy or clinical pathology acceptable supervised study and training, only seven years of practice are required.

CREDIT FOR MILITARY SERVICE

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

Special Fields of Pathology, Clinical Chemistry, Clinical Microbiology, Hematology, and Neuropathology
(In Force After July 1, 1954)

The trustees of the American Board of Pathology have adopted the following requirements for certification in special fields of pathology, effective July 1, 1954.

Candidates who have met all general requirements and have had special training and experience that is acceptable to the board in a special field of pathological anatomy or clinical pathology may apply to the board for certification in that special field. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination or has fulfilled certain special qualifications (see below, section D), will issue a certificate designating the special field.

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. The applicant must devote his time primarily and principally to the practice of pathology or the special field of pathology in which he is requesting certification.

B. Professional Education:

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a medical school in other countries acceptable to the board.

C. Special Training and Experience:

The board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had either of the following types of training:

1. Applicants already holding a certificate of the board in clinical pathology or the combined certificate in pathological anatomy and clinical pathology (for qualification in clinical chemistry, clinical microbiology, and hematology), or in pathological anatomy (for qualification in neuropathology)—two additional years of supervised training in the special field of their choice in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board.

2. Applicants not holding a certificate in pathological anatomy or clinical pathology—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the particular specialty in a hospital approved by the American Medical Association or in other institutions acceptable to the board.

D. Special Qualifications—Certification Without Examination:

Prior to Jan. 1, 1960, the board at its discretion may certify candidates without examination if the following conditions have been met as of Jan. 1, 1955:

1. That the candidate has been for a period of five years of professorial rank in the special field of his choice and in an approved medical school, or

2. That the candidate has been practicing his specialty for 10 years in a senior position in a hospital having an adequate department in the special field, approved by the Council on Medical Education and Hospitals of the American Medical Association, or in an institution acceptable to the board.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the board unless it is accompanied by the application fee.

The application or examination fee for candidates is $100. If the candidate fails in his examination he will be admitted to a second examination after one year. The applicant must pay an additional fee of $50 before a second examination will be given.

The application fee of $100 has been determined after careful consideration and is based on actual estimates of the expenses of examination and administration. None of the board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Written and oral examinations will be held at the discretion of the board at or near the time and place of national medical meetings. If a number of applications from any region of the country are received, an examination in conjunction with a national medical meeting in that section will be arranged so that the financial outlay of the applicant in meeting the examiners will be as small as possible.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in either pathological anatomy or clinical pathology or both.

The examinations in pathological anatomy consist of a written test, an oral examination on gross pathology, and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, serology, and clinical microscopy.

DEFINITIONS

1. Pathological anatomy is that branch of pathology that deals with the morphological aspects of disease, recognition being given that that definition covers two phases of pathology: (a) the applied phase with special attention to the description and diagnosis of gross and microscopic specimens, (b) the academic phases of teaching and general morphological diagnosis.

2. Clinical pathology is that branch of pathology that deals with bacteriology, immunology, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences to the diagnosis, prognosis, and treatment of disease.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Sections C-2-a, C-2-b, and C-2-c of the General Requirements, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the Internship and Residency Number of THE JOURNAL of the American Medical Association each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the secretary of the board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the board.

In evaluation of applications the board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved, or be eligible for certification, and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the sub-specialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 square feet of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.

4. Equipment for the laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common test in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patients.

5. Autopsy percentage:

No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonable complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

(a) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the board that less material than this is inadequate for the training of a pathologist.

(b) In the field of clinical pathology, there should be a reasonable diversification of tests, and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

(c) In the field of pathological anatomy, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens. Thus in a hospital approved for one year in pathological anatomy and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in pathological anatomy, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both pathological anatomy and clinical pathology for four years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. Additional resident for each 50 autopsies or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY B. In both pathological anatomy and clinical pathology for three years. This meets all requirements of the board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or pathological anatomy in another hospital that is approved for the deficiency of training required.

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Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. Additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY C. In both pathological anatomy and clinical pathology for two years. Candidates taking two years in these institutions must have an additional year (two years after July 1, 1952) in an institution in category A, B, or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. Additional resident for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

CATEGORY D. In both pathological anatomy and clinical pathology for one year. Candidates taking training in these institutions must have an additional two years (three years after July 1, 1952) in institutions that are approved for the deficiency of training required.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY E. In pathological anatomy only, for three or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (two years after July 1, 1952) is taken in clinical pathology in institutions that are approved for the deficiency of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In pathological anatomy only, for two years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (two years after July 1, 1952) in institutions that are approved for the deficiency of training required, and will be eligible in pathological anatomy only if another year is taken in another institution that is approved for one or more years in pathological anatomy.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In pathological anatomy only, for one year. Candidates training in these institutions will not be eligible in both pathological anatomy and clinical pathology unless they take an additional year in pathological anatomy and an additional year (two years after July 1, 1952) in institutions that are approved for these periods of training. Candidates seeking certification in pathological anatomy only must study an additional two years in institutions that are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of pathological anatomy for two years. Credit is never allowed for more than two years. Candidates taking training in these institutions may pursue further training as follows: 1. For pathological anatomy only. An additional year in an institution in Category A, B, C, E, F, or G with assignment to surgical pathology principally. 2. For pathological anatomy and clinical pathology. An additional year (two years after July 1, 1952 in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology and one-half year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

CATEGORY I. For postmortem part of pathological anatomy for one year. Candidates taking training in these institutions may pursue further training as follows: 1. For pathological anatomy only. An additional two years in an institution in Category A, B, C, E, F, or G with general assignments. 2. For pathological anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology and one year to an institution in Category A, B, C, E, F, or G.

Minimum: 75 autopsies for one resident.

CATEGORY J. Surgical pathology part of pathological anatomy for one year. Credit is never allowed for more than one year and the director of the laboratory must hold the certificate of the American Board of Pathology in pathological anatomy or be eligible for certification. Candidates training in these institutions may pursue further training as follows: (1) For Pathological Anatomy only. An additional two years in an institution in Category H or in an institution in Category A, B, or C with assignment to postmortem pathology only. (2) For Pathological Anatomy and Clinical Pathology an additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G, or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

CATEGORY K. Special pathology as part of pathological anatomy. Credit for not to exceed one-fourth the time credit (one year if seeking certification in pathological anatomy only, six months if seeking both pathological anatomy and clinical pathology) of candidates applying in pathological anatomy may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the board.

CATEGORY L. Clinical pathology for three or more years. Candidates taking three years of training in these institutions will not be eligible for pathological anatomy unless they take an additional two years in institutions approved for pathological anatomy.

Minimum: 100,000 tests in clinical pathology for three residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for two years. Candidates taking two years' training in these institutions must take the same additional training as in Category L to be eligible for pathological anatomy also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for one pear. Candidates taking training in those institutions must take an additional two years in an institution in Category A, B, C, L, or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in pathological anatomy and clinical pathology, an additional two years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for one resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of one-quarter of the training period (one year if seeking certification in clinical pathology only, six months if seeking both pathological anatomy and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, serology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of pathological anatomy or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full time research.

AMERICAN BOARD OF PEDIATRICS

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John McK. Mitchell, Executive Secretary, 6 Cushman Rd., Rosemont, Pa.

REQUIREMENTS FOR CERTIFICATION*

All candidates for examination for certification must meet the following requirements:

1. Graduation from an approved medical school.

2. Hold a license to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.

3. One year of rotating, pediatric, or other internship in an approved hospital.

4. Two years of specialized residency-type training in an approved pediatric center.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency or internship in an approved institution. The second year of required residency training may be met in the ways listed below, although the board recommends that whenever possible candidates complete the two years as regular residents.

(a) Graduate School courses will be accepted only in exceptional cases by prior arrangement, up to a maximum of nine months.

(b) A maximum of three months' credit each is allowed for full-time residency type training in allied pediatric subjects such as pediatric allergy, pediatric psychiatry, pediatric pathology, pediatric radiology, newborn service, etc.

(c) A maximum of six months' credit is allowed for residency training in an approved contagious disease hospital.

5. A subsequent term of two years of specialized study or practice or a combination of the two.

Credit for one year toward this requirement is allowed for medical military service regardless of the assignment. The maximum credit that any candidate may receive toward the practice requirement for work done prior to the completion of residency training is one year.

Research residencies which involve little or no clinical training are creditable for only three months. Research residencies which include significant clinical training may be pro-rated to a total of six months for a year of service. Teaching fellowships may not be offered in lieu of residency appointments.

Both research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of the practice or further study requirement. Portions of a research residency not applicable for residency training credit may be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination for certification under the same regulations as those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States.—Citizens of the United States of America who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they can meet all the following requirements:

1. They are graduates of medical schools recommended by the Council on Medical Education and Hospitals of the American Medical Association.

2. They hold a license to practice in the United States.

3. They can meet the internship and residency training requirements of the board as detailed above with the following provisions:

(a) Internship and residency training must be served in hospitals approved by the board in the United States.

(b) A maximum of the internship and one year of residency training may be allowed for such experience obtained in a small list of foreign hospitals recognized by the board. The other year of residency training must be served in a straight inpatient medical pediatric residency appointment in an approved hospital in the United States.

Citizens of the United States of America who are graduates of medical schools other than those in the United States or Canada, and which are not recommended by the Council on Medical Education and Hospitals of the American Medical Association, may be accepted for examination for certification after they have passed successfully Part II of the examinations of the National Board of Medical Examiners, Inc., provided they meet all other requirements of the Board as provided in regulations governing such candidates. It should be noted that this regulation is permissive, not mandatory. Each application will be evaluated individually.

Citizens of Other Countries.—Properly qualified candidates who are permanent residents in and citizens of other countries and are licensed to practice there and who have fulfilled the residency training requirements listed above in the United States or Canada may apply for examination for certification by the American Board of Pediatrics.

Such foreign candidates who are returning to their own country at the end of their training period may be examined without completion of two full years in the practice of pediatrics. The residency training requirements must be completed in full in advance of admission to any part of the examinations.

A special certificate, appropriately identified to distinguish it from the regular certificate of this board, may be issued to such candidates who have passed successfully the examinations of this board after they have completed such a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, make a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

Part I—Written

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country, and at a few military stations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Part II—Oral

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility and proximity to the examination site.

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however, be utilized in final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

APPLICATION

Application must be made on special blanks, which will be furnished by the executive secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of eligibility date; they will not be accepted earlier. The number of candidates admitted to a given written

* To avoid misunderstanding, the board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the executive secretary. Whenever possible, this should be done before entering upon the appointment in question.

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examination will be determined by the number who can be examined orally during that year, plus a reasonable number of alternates.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the executive secretary of the board. These letters should not accompany the application but should be sent directly to the executive secretary.

FEES

The application fee is $75.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused examination for reason other than failure in the same.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50 each.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

WILLIAM C. DEAMER, Chairman, San Francisco
JEROME GLASER, Rochester, N. Y.
GEORGE B. LOGAN, Rochester, Minn.
HARRY L. MUELLER, Boston
JAMES OVERALL, Nashville, Tenn.
BRET RATNER, New York

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must pass the written and oral examinations in pediatrics before submitting an application for examination in allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before admission to the oral examination will be authorized. Oral examinations will be held at times and places designated by the chairman of the subspecialty board. Ample notice will be sent to candidates by the executive secretary.

FEES

The application fee for certification in allergy is $100.

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50 each.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

1. Certification in pediatrics.
2. Two years full time of approved allergy residency or fellowship training in an approved clinic and its hospital, or
3. One year full time of approved allergy residency or fellowship training and two years, part-time, 200 hours a year in an approved clinic and its activities, or
4. Five years, part-time, 200 hours a year in an approved allergy clinic and its activities.
5. Preceptorship alone is not acceptable, but a resident or fellow doing full-time work in allergy may spend part of his time working with private patients in the hospital or in the office of an allergist qualified to give this training.

Until clinics are officially approved, the candidate should assure himself that the clinic is satisfactory for training by writing to the executive secretary of the Board of Pediatrics. In general such clinics will be in hospitals that have been accepted by the Council on Medical Education and Hospitals of the American Medical Association and by the American Board of Pediatrics for training in pediatrics, or have been approved for training in allergy by the Board of Pediatric Allergy or of Internal Medicine.

Under all methods of study there must be presented evidence of serious work in research or clinical investigation.

The candidates must be prepared for a searching examination in the theory and practice of allergy. This will include the theory of the underlying mechanisms, animal experimentation, the clinical manifestations in the so-called allergic diseases, especially as they appear in infants and children, and also the allergic factors that may be present in other diseases. They must be prepared to discuss the important diagnostic procedures and methods of treatment and, in controversial matters, they must be familiar with the arguments on both sides of the questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in allergy and will be listed as a specialist in allergy.

Prospective applicants for certification in the subspecialty of allergy may apply to the executive secretary of the American Board of Pediatrics.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

ROBERT L. BENNETT, Chairman, Warm Springs, Ga.
WILLIAM H. SCHMIDT, Vice-Chairman, Philadelphia
ARTHUR S. ABRAMSON, New York
DONALD A. COVALT, New York
O. LEONARD HUDDLESTON, Santa Monica, Calif.
H. WORLEY KENDELL, Peoria, Ill.
A. B. C. KNUDSON, Washington, D. C.
FREDERIC J. KOTTKE, Minneapolis
DONALD L. ROSE, Kansas City, Kan.
ARTHUR L. WATKINS, Boston
EARL C. ELKINS, Secreary-Treasurer, 200 First St. S.W., Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

C. Graduation from a medical school approved by the Council on Medical Education and Hospitals or graduation from a foreign medical school which, in the opinion of the board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than thre years in a residency approved by the above mentioned Council. This period of study shall include graduate training in basic sciences as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

E. An additional period of not less than two years in full time practice of physical medicine and rehabilitation.

Training in approved residency programs in closely allied medical-surgical fields may be acceptable in part (for "D" above), but such credit is limited and based on individual interpretation by the board.

In selected cases, a candidate may be deemed eligible for examination on the basis of eight years of full time practice in physical medicine and rehabilitation (as a substitute for "D" and "E" above).

EXAMINATION

The examination for certification is given in two parts. Part I is written, part II, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full time practice in the specialty. The ap-

plication shall be accompanied by a fee of $100, which will cover the evaluation and both the written and oral examination. (In case of rejection of application, $85 will be refunded. The remaining $15 constitutes the evaluation fee.)

CERTIFICATION

Certificates of the board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

FREDERICK A. FIGI, Chairman, Rochester, Minn.
S. MILTON DUPERTUIS, Vice-Chairman, Pittsburgh
TRUMAN G. BLOCKER JR., Galveston, Texas
ALBERT D. DAVIS, San Francisco
WILLIAM H. FRACKELTON, Milwaukee
PAUL W. GREELEY, Chicago
JAMES B. JOHNSON, Beverly Hills, Calif.
EDWARD A. KITLOWSKI, Baltimore
JACOB J. LONGACRE, Cincinnati
ROBERT E. MORAN, Washington, D. C.
GERALD B. O'CONNOR, San Francisco
KENNETH L. PICKRELL, Durham, N. C.
LYNDON A. PEER, Newark, N. J.
CLARENCE R. STRAATSMA, New York
FRANK McDOWELL, Secretary-Treasurer, St. Louis
MRS. ESTELLE E. HILLERICH, Corresponding Secretary, 4647 Pershing Ave., St. Louis 8, Mo.

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This board will accept as applicants for examination only those who are full citizens of the United States or Canada. Notarized statements, not original citizenship papers, attesting to the fact of full citizenship in the United States or Canada must be furnished by foreign-born applicants when the application is filed. Such candidates must have at least two years of practice in plastic surgery in North America after completing the training required by the board.

PROFESSIONAL REQUIREMENTS

The board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the board.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Two years of postgraduate work in general surgery, beyond the intern year, as a resident or an assistant resident in a hospital approved by the same Council.

4. Training in general plastic surgery, including maxillofacial surgery, for an additional period of not less than two years in a residency approved by the same Council, or in a preceptorship approved by the Board. In fulfilling this requirement, there is a limit of one year's credit given for all work done in all governmental plastic surgery residencies (Army, Navy, Veterans Administration hospital, etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in a civilian residency or preceptorship.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit *only* for training in plastic surgery received in the United States or Canada, but may, at its discretion, give credit towards the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the board office). By the latter statement it is meant that one may secure the necessary and specified training as an assistant to an accredited plastic surgeon provided suitable facilities for the education of the candidate are offered.

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry, bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, intravenous fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the board. Official evaluations of qualifications are made only by the committee on credentials and requirements, or by the entire board where necessary, after a review of the candidate's formal application for such rulings. The applicant must allow at least two months for such requests to make the rounds of the committee.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, evaluates training facilities in institutions providing acceptable residencies in plastic surgery. The board does not assume the responsibility for independent inspection and approval of residencies. It will inspect and make recommendations for or against approval of a residency in plastic surgery only after the director of the residency has applied to the Residency Review Committee in Plastic Surgery of the Council on Medical Education and Hospitals of the American Medical Association for approval of the residency, and after the Council has notified the board to that effect. Therefore, any diplomate of the board wishing approval of a residency under his supervision should apply to the Council for such approval.

The board will make its own inspection, preferably at the same time as the American Medical Association Council inspection, and will report its findings to the Council. Upon completion of consideration by the Council and the board, the hospital will be notified by the Council of the joint action that has been taken, and the hospital and the secretary of the board will be notified simultaneously by the Council to avoid any misunderstanding as to the status of the program.

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Preceptorships.—In certain instances the board will accept, in lieu of the required two years' training in an approved residency, training in an approved preceptorship under a fully qualified plastic surgeon when such preceptorship is properly organized and supervised to give the trainee adequate experience and training in plastic surgery of a well-rounded nature. Trainees will be required to keep a detailed record of their experience, presenting this report to the board annually on a report form supplied by the board on request. In preceptorship programs of training it would be well for the preceptor to report annually to the board the name and qualifications of any preceptee under his supervision and the work done by the preceptee. Neither the board nor its individual members can be responsible for the placing of applicants for training. The board considers those residencies approved by the Council on Medical Education and Hospitals of the American Medical Association as acceptable facilities for training in plastic surgery.

It should be kept in mind by all that the primary interest of the board is to encourage well-rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the board, both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the board, that is, two years of residency training in general surgery after the internship year.

The training in plastic and maxillofacial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, both as to type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and esthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits and the amount of credit allowed is determined by the board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the Surgeons General of the armed services with the assistance of the Council on Medical Education and Hospitals of the American Medical Association and is distributed by the offices of the Surgeons General to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the board.

CASE REPORTS

Upon approval by the board of a candidate's application for certification, each candidate is required to submit to the board 35 or more case reports illustrative of his independent work in the field of general plastic surgery.

Candidates are admitted to examination only after submitting case reports that meet the required standards of the board and that have been approved by the committee on credentials and requirements.

Case reports must be submitted within one year from the time of such request; otherwise a new application must be filed. The case reports shall conform to conditions which the board may from time to time specify.

Case reports must be received in the office of the board by January 1 for those who desire to be considered for the spring (May-June) examinations of the board and by July 1 for the fall (October-November) examinations. There will be no exceptions to these two deadlines.

The 35 case reports must be of a diversified nature and must be submitted to the office of the board together with before and after photographs. They should be of the following distribution:

1. Cleft lip: 1 to 3 cases
2. Cleft palate: 1 to 3 cases
3. Traumatic defects requiring reconstructive surgery:
   (a) Face and neck: 2 to 4 cases
   (b) Body: 1 to 4 cases
   (c) Extremities: 1 to 6 cases
4. Acute burns: 2 to 4 cases
5. Fracture of facial bones, excepting nasal fractures: 1 to 3 cases
6. Esthetic operations of sufficient variety: 6 to 12 cases
7. Plastic surgery of the hand: 2 to 4 cases
8. Malignancies, or conditions prone to malignancies (eradication and repair):
   (a) Face: 2 to 4 cases
   (b) Body: 1 to 3 cases
   (c) Extremities: 2 to 4 cases
9. Congenital anomalies: 1 to 6 cases
   (a) Examples:
   (1) Syndactylism
   (2) Congenital absence (partial or total) of external ear
   (3) Hypospadias
   (4) Bands (constricting)
   (5) Thyroglossal duct cyst
   (6) Extensive nevi, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications, but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

EXAMINATIONS

In instances where a candidate submits case reports that do not meet the standards of the board, he will be required to submit additional case reports or an entirely new set of 35 within a period of one year. If this second series of case reports again do not meet the standards of the board, the candidate may be required to take additional training (of length and type specified by the board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate will be visited at his place of practice by a member or members of the board to observe him operate and to examine a number of his pre-operative and post-operative cases.

The qualifying examinations are given twice yearly, in the spring and fall. The spring examination is given immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons (usually in May), and the fall examination is given immediately preceding, during, or following the annual meeting of the American Society of Plastic and Reconstructive Surgery (usually in October). Candidates are required to go to the designated center for the qualifying examination, which will last three days. These centers will be the city in which the meetings of these two organizations are held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the examination committee.

A written examination will consume all of the first day and half of the second day. An oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are (1) theory and practice of plastic surgery, (2) applied anatomy, applied physiology, (3) pathology, bacteriology, clinical laboratory methods (pharmacology), (4) reaction of tissue to injury, surgical accidents, anesthesia. A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiners will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technique, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and to tabulate in the order of their importance the methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates, and they will be asked to write a description and diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the board, a certificate attesting his qualifications in plastic surgery will be issued to him by the board, signed by its officers and having the seal of the board affixed thereto. It shall be the prerogative of the board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is $150. Of this sum, $25 must accompany the application and the remaining $125 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the board. The board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the board. The members of the board serve without remuneration. Because of the limited number of surgeons certified by this board it is necessary for a limited time to request a voluntary annual contribution of $10 from diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

Ernest L. Stebbins, Chairman, Baltimore
V. A. Van Volkenburg, Vice-Chairman for Public Health, Albany, N. Y.
Robert A. Kehoe, Vice-Chairman for Occupational Medicine, Cincinnati
Otis O. Benson, Vice-Chairman for Aviation Medicine, Washington, D. C.
Gaylord W. Anderson, Minneapolis
J. H. Baillie, Toronto, Canada
Richard F. Boyd, San Francisco
LeRoy E. Burney, Washington, D. C.
A. G. Kammer, Pittsburgh
Matthew R. Kinde, Battle Creek, Mich.
Langdon C. Newman, Washington, D. C.
James H. Sterner, Rochester, N. Y.
Jan H. Tillisch, Rochester, Minn.
Felix J. Underwood, Jackson, Miss.
Tom F. Whayne, Secretary-Treasurer, University of Pennsylvania, Philadelphia 4, Pa.

ELGIBILITY REQUIREMENTS

Except as mentioned later, each applicant for a Certificate in Public Health, Aviation Medicine or Occupational Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the by-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the by-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or from a foreign school satisfactory to the Board;
3. An internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or in a foreign hospital satisfactory to the Board; and
4. Licensure to practice medicine in the United States or in the Dominion of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of at least two years of field experience in general public health practice, which includes planned instruction, observation, and active participation in a comprehensive, organized, public health program, one year of which may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of public health; and
4. Limitation of practice to full-time teaching or practice of public health as a specialty.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive medicine and aviation medicine, one year of which graduate study shall be in a school of public health accredited for the purpose of such graduate study by the American Public Health Association and one year of which shall be in a school of aviation medicine accredited for the purpose of such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training and study deemed by the Board to be substantially equivalent to such graduate study.
2. *Residency (after internship) of at least one year of supervised experience in aviation medical practice, which includes planned instruction, observation, and active participation in a comprehensive, organized program of aviation medicine;
3. Supervised practice of aviation medicine (after internship) of not less than one year, in addition to 1 and 2 above, of special training in or teaching or practice of aviation medicine;

*Approval of Residency training is in the process of development. Until such time as an adequate program of Residency is developed, field training will be evaluated by the Board on an individual basis. Information as to approved residencies may be obtained from the Council on Medical Education and Hospitals or from the Secretary of the Board.

4. A period (after internship) of not less than two years, in addition to 1, 2 and 3 above, of special training, teaching, research or practice of aviation medicine;

5. Limitation of practice to full time teaching, research or practice of aviation medicine;

6. Regular and frequent participation in aerial flight.

Credit for training and experience in public health or aviation medicine while in military service will be considered on an individual basis depending on the type of service.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, or a school of public health. The schools in which such instruction is provided shall be accredited for graduate study by the Council on Medical Education and Hospitals of the American Medical Association or the American Public Health Association, in accordance with the jurisdictions of these accrediting agencies; or training and study deemed by the Board to be substantially equivalent to such graduate study.

2. Completion (after internship) of not less than one year, in addition to 1 above, of supervised experience (residency) in occupational medical practice in an industrial or medical organization. This residency shall provide planned instruction, observation and active participation in a comprehensive program of occupational medicine; or a comparable period of experience deemed by the Board to be substantially equivalent to such year of supervised experience.

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of occupational medicine.

4. Limitation of practice to full time teaching, research, or practice of occupational medicine.

APPLICATIONS

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary), and be accompanied by the required documentation and must be filed with the Secretary, ordinarily not less than 90 days prior to the date of examination. The application must also be accompanied by the application fee and two recent, clear, unmounted, autographed photographs of the applicant one of which should be attached to the application and the other unattached.

FEES

The fee for application and examination is $90, payable as indicated below; additional fees are payable for re-examination, but no additional fee is payable for issuance of a Certificate.

Application fee.....$15.00. No application will be considered unless accompanied by the application fee. The application fee is not refundable.

Examination fee.....$75.00. This fee is payable when the applicant is notified of acceptance for examination, and, if paid prior thereto, is not refundable after such notification has been given.

No member of the Board is authorized to give informal opinions as to the eligibility of candidates. The determination of elgibility will be made only by the Board after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed. An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application without payment of an additional application fee.

Applicants who are declared eligible for examination but who fail to submit to examination within three years of the date of the filing of the application are required to file a new application and pay a new application fee.

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations will ordinarily be held in connection with the annual meetings of one or more of the sponsoring societies and may also be held at other times and other places so located geographically as to minimize travel for the applicants.

The examination consists of three parts:

Part 1 consists of a comprehensive written examination designed to test the knowledge of the applicant in the general field of preventive medicine. Part 2 is a comprehensive written examination designed to test the knowledge of the applicant in the special field in which he requests certification. Part 3 is an oral or practical examination which will usually be held at the completion of the written examinations. An endeavor will be made to adapt the details of the oral or practical examination to each candidate's experience and practice. The examiners will report upon each candidate to the assembled Board, by which the results of the examination will be considered.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

PLEDGE

Each candidate is required to sign the following pledge.

"I hereby pledge myself to the highest ethical standards in the practice of" the specialty.

The above requirements for certification are undergoing revision at the present time. Communications regarding such revisions should be addressed to the Secretary of the American Board of Preventive Medicine.

AMERICAN BOARD OF PROCTOLOGY

HARRY E. BACON, President, Philadelphia
HYRUM R. REICHMAN, President Elect, Salt Lake City
A. W. MARTIN MARINO, Vice President, Brooklyn, N. Y.
GARNET W. AULT, Washington, D. C.
FREDERICK B. CAMPBELL, Kansas City, Mo.
WALTER A. FANSLER, Minneapolis
LOUIS E. MOON, Omaha
ROBERT J. ROWE, Dallas, Texas
R. A. SCARBOROUGH, San Francisco
STUART T. ROSS, Secretary, 520 Franklin Ave., Garden City, N. Y.

QUALIFICATIONS AND REQUIREMENTS

General

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical and professional qualifications acceptable to the Board.

2. He shall possess full citizenship in the country where he practices.

3. He shall limit his practice to proctology, shall appear personally before the Board and shall submit to the required examinations.

4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.

5. He shall submit a bibliography of papers and books published by him.

Professional Qualifications

1. He shall be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. He shall possess a license to practice medicine in the country of his residence.

3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

Special Professional Qualifications

He shall have completed:

1. Two years of approved general surgical residency and two years of approved proctologic residency; or

2. Three years of approved general surgical residency and one year of approved proctologic residency by special arrangement with the Board; or

3. Three years of approved general surgical residency and two years of approved proctologic preceptceship by special arrangement with the Board; or

4. Two years of approved general surgical residency and three years of approved proctologic preceptceship.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's premedical and medical training, internships, residencies, preceptceships, other post-graduate study, hospital and dispensary appointments, teaching positions, service in the Armed Forces, service in federal, state or local government, membership in medical societies and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in THE JOURNAL of the American Medical Association.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers and the examiners do not know the identity of the examinees.

Part I: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Proctology, candidates who have passed Part I examinations of the American Board of Surgery and who have completed required training in proctology may not be required to take Part I of the examinations of the American Board of Proctology.

Part II: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part III: This consists of comprehensive written and oral examinations on the theory and practice of proctology, and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part III examinations until he has completed the requirements of Part II.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEES

Application fee: A fee of $25.00 shall accompany the application.

Examination fee: A fee of $150.00 is due and payable when the candidate is notified that he has been approved for examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to The American Board of Proctology and shall be sent to the Secretary.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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102-110 Second Ave. S. W., Rochester, Minn.

APPLICATION

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board not less than 90 days before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS

Each application for a certificate must establish that:

(a) He is a physician duly licensed by law to practice medicine.

(b) He is of acceptable ethical and professional standing.

(c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.

(d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS

Class A

Applicants who graduated from an approved medical school before the foundation of the Board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the Board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations. After January 1, 1954, for such graduates the Board will consider ten years of full-time acceptable experience in psychiatry or neurology in lieu of the formal training requirements. Should the candidate then apply for supplementary certification, the Credentials Committee will require five years of additional acceptable experience in the supplementary field.

Class B

Applicants who graduated from an approved medical school after 1934 shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

3. The nine-month wartime internship will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in psychiatry or neurology under the regulations relating to training credit and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in residency training programs approved for at least two years of residency training in the specialty in which they seek certification.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The Board will give not more than six months of credit for not less than six months of training in an approved training center for Internal Medicine or Pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology, but not to candidates for certification in both psychiatry and neurology.

The Board will give credit for one year of training in Child Psychiatry providing it is the third year of the required three years of special training required by the Board and providing it is taken in a center approved by this Board for training in Child Psychiatry. After July 1, 1956, training credit for work in the field of Child Psychiatry may be gained only by participation in a hospital residency training program that is regularly approved. After that date, all independent training approval of psychiatric clinics for children is discontinued.

TRAINING IN THE ARMED FORCES

Training and experience credit toward requirements for examination will be granted for military duty in the Korean emergency under certain conditions. This policy relates to active military medical duty since July 1, 1950. One year of training credit will be granted for one year spent in full-time psychiatric and/or neurological duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full-time psychiatric and/or neurological assignments. Double credit will not be granted for any single period of time.

For military duty after January 1, 1954, only experience credit will be granted for full-time psychiatric and/or neurologic duties. Training credit will be granted for residency assignments in regularly approved training program.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in THE JOURNAL of the American Medical Association, in the American Journal of Psychiatry, in *Journal of Nervous and Mental Diseases*, and in the A. M. A. *Archives of Neurology and Psychiatry*.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom,

will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the Board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

FEES

The candidate upon filing his application shall accompany it with an application fee of $50.00, which is not returnable. If a preliminary written examination has been decreed, an additional $25.00 fee will be required at the time of the applicant's acceptance. When notified by the Secretary that he is accepted for the oral and practical examination, the candidate shall send to the Secreteary an examination fee of $75.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of $75.00.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary at least three (3) months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three (3) years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

AMERICAN BOARD OF RADIOLOGY

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ERNEST H. WOOD, Chapel Hill, N. C.
H. DABNEY KERR, Secretary, Kahler Hotel Building, Rochester, Minn.

CERTIFICATES

A certificate granted by this board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the board shall be issued in one of three categories:

1. *Radiology:* that branch of medicine which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays, radium and radioisotopes.

2. *Diagnostic Roentgenology:* that branch of radiology which deals with the diagnostic application of roentgen rays.

3. *Therapeutic Radiology:* that branch of radiology which deals with the therapeutic application of roentgen rays, radium and radioactive isotopes.

4. *Radiological Physics:* that branch of physics which deals with the medical application of roentgen rays, gamma rays, radioisotopes, nuclear reactions, and particle accelerators.

5. *Roentgen-ray and Gamma-ray Physics:* that branch of radiological physics which deals with roentgen rays and gamma rays.

6. *Medical Nuclear Physics:* that branch of radiological physics which deals with radioisotopes, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS AND QUALIFICATIONS

Each applicant shall be required to present evidence that he has met the following standards:

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or county in which he resides.

3. Holds himself out to be a specialist in radiology or one of its branches as defined and devotes his time to the practice of radiology or one of its branches.

4. He is a citizen of the United States or Canada. A candidate from another country must be a permanent resident of that country and a citizen thereof.

PROFESSIONAL EDUCATION

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Completion of an internship of not less than one year in a hospital approved by the same Council. After completion of the internship, there shall be a period of special training (length of time as indicated below) in an approved Department of Radiology.

Radiology: Those beginning their training *before* July 1, 1956, must have three years' formal residency training in an approved Department of Radiology.

Those beginning their training on July 1, 1956, or thereafter must have three years' formal residency training in an approved Department of Radiology plus an additional year of either further training or practice. The three year training period must include the equivalent of six months (total) in Pathology and Isotopes.

Those beginning their training on July 1, 1956, or thereafter will be required to take a written examination in Physics (including Physics of Isotopes) and Pathology at the *completion* of their formal training. Acceptance for the oral examination is contingent upon passing the written examination. (The written examination in the above two mentioned phases of Radiology will abolish the oral).

Diagnostic Roentgenology: Those beginning their training *before* July 1, 1956, must have two and one-half years' formal residency training in an approved Department of Radiology. The equivalent of six months of this time must have been devoted to Pathology.

Those beginning their training on July 1, 1956, must have two and one-half years' formal residency training in an approved Department of Radiology (the equivalent of six months of which time must have been devoted to Pathology) plus an additional year of either further training or practice.

Those beginning their training on July 1, 1956, or thereafter will be required to take a written examination in physics and pathology at the *completion* of their formal training. Acceptance for the oral examination is contingent upon passing the written examination. (The written examination in the above two mentioned phases of Radiology will abolish the oral).

Those beginning their training on July 1, 1957, or thereafter will be required to take three years' formal residency training in an approved Department of Radiology—the first year of which must be spent in basic training (Pathology, Physics and Basic Radiological Techniques) followed by two years' clinical training. They will also be required to take an additional year of either further training or practice. (Written examination also required for these candidates. See above paragraph).

Therapeutic Radiology: Those beginning their training *before* July 1, 1956, must have two and one-half years' formal residency training in an approved Department of Radiology. The equivalent of six months of this time must have been devoted to Pathology.

Those beginning their training on July 1, 1956, must have two and one-half years' formal residency training in an approved Department of Radiology (the equivalent of six months of which time must have been devoted to Pathology) plus an additional year of either further training or practice.

Those beginning their training on July 1, 1956, or thereafter will be required to take a written examination in Physics (including Physics of Isotopes) and Pathology at the *completion* of their formal training. Acceptance for the oral examination is contingent upon passing the written examination. (The written examination in the above two mentioned phases of Radiology will abolish the oral). Those beginning their training on July 1, 1957 or thereafter will be required to take three years' formal residency training in an approved Department of Radiology—the first year of which must be spent in basic training (Pathology, Physics, Physics of Isotopes and Basic Radiologic Techniques) followed by two years' clinical training. They will also be required to take an additional year of either further training or practice. (Written examination also required for these candidates.)

Those applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in Roentgen Therapy.

Prior to July 1, 1960, those candidates desiring to be certified in either Radiology or Therapeutic Radiology, will be urged to take an examination in Nuclear Medicine.

Those candidates previously certified in Roentgenology desiring to complete their certificate in Radiology (including Nuclear Medicine) will be required to have the equivalent of six months' full-time radium and isotope training in an approved Department of Radiology.

Prior to July 1, 1960, those candidates who have been previously certified in Roentgenology and who *do not* desire to be examined in Nuclear Medicine must have the equivalent of three months' full time radium training in an approved Department of Radiology.

EXAMINATIONS

Usually two examinations are held each year. At present, examinations are practical and oral, although written examinations are to be added as noted above. The examinations are designed to test the candidate's fitness to practice radiology or one of its branches as a specialty.

The examination consists of tests in film interpretation and an oral examination in pathology, physiology, radiophysics, and radiobiology, as well as the clinical application of roentgen rays, radium, and radioactive isotopes. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

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ROBERT M. ZOLLINGER, Columbus, Ohio
JOHN B. FLICK, Secretary-Treasurer, 225 S. 15th St., Philadelphia, Pa.

GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.

Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner and expects candidates to have knowledge of the basic principles applied in the treatment of fractures, head injuries, or other forms of trauma, and of the more common procedures in plastic, gynecologic, orthopedic, neurologic, thoracic and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are essential parts of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, the Board requires that the candidate have had this senior year in order to become eligible for examination. Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical, as well as other forms of education, the Examination Committee of the Board is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

Requirements for examination are subject to change and in each case are as published in the Board's most recent Booklet of Information at the time application is submitted.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board reserves the right to require a candidate to submit a list of the operative procedures performed by him during his training period.

Group I Program

Completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four years of training by the Conference Committee on Graduate Training in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four years by the Conference Committee. The senior year must have been spent in the parent institution holding the approval of the conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Examination Committee of the Board, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his

qualifications for special consideration by the Examination Committee. The Committee can recommend acceptance of the candidate for examination in Group I or Group II, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

Group II Program

Completion of a graded residency in general surgery of at least three years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day to day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Two additional years of training beyond the three years of residency to complete a total of five are necessary to meet the requirements for examination. These may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement with a preceptor acceptable to the Board who should inform the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) The study of surgery and the basic sciences in an approved graduate school of medicine on a full-time basis and for a consecutive period of not less than nine months, or one school year. Training credit in excess of twelve months will not be granted in this category.

If provision has been made to study a single basic science such as pathology, physiology, or anatomy, up to six months' credit may be granted for such study.

Credit may be granted for a maximum of twelve months spent in full time surgical research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group II candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the Board. Any such credit will be considered preceptorship credit toward Group II requirements and not basic residency credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate that candidates have a valid license to practice in the nation or permanent residence except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy or Public Health Services of these countries.

REQUIREMENTS FOR FOREIGN BORN AND FOREIGN TRAINED CANDIDATES

Such candidates must meet the same requirements as citizens of the United States or Canada. The Examination Committee may, however, in individual instances, grant credit for foreign training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements. If, after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Application for Examination forms are not forwarded until candidates are within several months of completing their training and appear to have met all other requirements of the Board.

Applications should be returned to the Board's office by December 1 for candidates desiring admission to the Part I examination in March, or by July 1 for admission to the Part I examination in October.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the Part I examination as soon as their applications have been approved, and are sent a list of examination centers from which to choose. Candidates are not eligible for the Part II examination until they have made a passing grade in Part I.

EXAMINATION

The qualifying examination is divided into Part I (written) and Part II (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

Part I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and in certain military centers abroad. It will be held on the last Wednesday of October, 1957, March, 1958, and October, 1958. Thereafter the Part I examination will be held only once a year in the late Fall, at a time to be announced.

The Part I examination is of the objective, multiple-choice type, and is administered during a half-day session. This examination is designed to cover general surgical problems including the application of the basic sciences of surgery to these problems. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

Part II

Examinations are held in ten different centers in the United States each year from September to June inclusive. These are conducted by members of the Board and selected diplomates acting as guest examiners.

The Part II examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications, as well as on the recognition of gross and microscopic lesions. The interpretation of roentgenograms also may be included.

The examination in basic sciences is integrated with clinical surgery and is not given separately.

FEES

The fee for examination is $175 payable as follows: $25 for registration, $75 for Part I and $75 for Part II.

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, William M. Tuttle, 1151 Taylor Ave., Detroit 2, Mich. This Board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An affiliate of the American Board of Surgery)

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1151 Taylor Ave., Detroit 2, Mich.

For current requirements for certification, communications should be addressed to the Secretary of the Board of Thoracic Surgery.

AMERICAN BOARD OF UROLOGY

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MRS. RUBY L. GRIGGS, Executive Secretary, 30 Westwood Rd., Minneapolis 26, Minn.

REQUIREMENTS

A. Application for certification must be made on a special form. This will be provided by the secretary and must be returned to him accompanied by other required data and credentials and by $50 of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by the same council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full board on individual merits.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows in this order:

1. An approved internship of at least one year.

2. One year in the basic sciences or clinical studies basic to Urology; or one year residency in general surgery or internal medicine.

3. An approved graduated three-year residency in Urology, leading to competency in all its phases.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

FEE

The examination fee is $150. Fifty dollars must accompany the application. One hundred dollars must be paid when the application has been processed. Neither fee is returnable.

Applications for certification shall be examined by the credentials committee and reviewed by the board. When additional data are required to complete the application, these will be requested by the secretary.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include: evidence of hospital practice including the presentation of report of 25 representative (not necessarily consecutive) major urologic cases from practice, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc; a written examination; pathology and oral clinical examinations.

A. Evidences of Hospital Practice and Case Reports:

An index, in consecutive order, of all major and minor urologic surgery (including endoscopy) done during the last two years of practice must be presented. This index must be verified by the various hospital administrators.

The candidate must present 25 records of major urologic cases completed since the candidate's residency training with hospitals, names, (or initials) and record numbers in which the candidate has had complete charge, responsibility and activity in all phases of the patient's care. These reports must be typewritten on 8½ by 11 paper and in duplicate, but need not be on any special form. Please file the duplicate in your own office. This second copy will be called for when and if it is needed.

Complete index lists must accompany the reports. If they are obtained from more than one hospital a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name (or initials) of the patient, the hospital number, and the name and date of operation. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

The applicant must personally prepare the case reports, remembering that they are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his competence as an urologist.

The case reports must be received on or before September 1.

B. Written Examination: The written examination is designed to test the candidate's preparation in and his knowledge of the whole field of urology, including the subjects: clinical urology, pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry, and endocrinology. These may be held on certain dates simultaneously in different parts of the country at places convenient for candidates.

C. Pathology: The examination in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. It will be held at the time of the oral examination.

D. Oral-Clinical Examination: This will consist of discussions of urologic problems. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate and each portion of the urinary tract and the adrenals. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience, and his general qualifications for practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

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INFLATION AND MEDICAL CARE

SINCE medical care and those who deliver it are integral parts of the American economy, it is well to take stock of the position of medical care in the current inflationary spiral. This period of inflation started in 1940 and continued through and after World War II, through the Korean war, and down to the present time with only minor interruptions. Five historical comparisons reveal the relative degree of inflation in the medical care sector: (1) commodity versus service price indexes, (2) medical care indexes versus the entire Consumer Price Index, (3) changes in the absolute and relative amounts of personal consumption expenditures for medical care, (4) changes in the percentages of one week's wages required to purchase a fixed amount of medical care, and (5) comparisons of the rate of increase in the average level of incomes of physicians with those for all gainfully employed persons.

During World War II the national debt increased from about 50 billion to 280 billion dollars in the form of government bonds; from the standpoint of their inflationary effects, these bonds may be regarded as greenbacks bearing interest. As has been true in earlier war cycles, prices of commodities and services were higher after World War II than they were during the war. Moreover, in a long inflationary period there is always a tendency for the prices of commodities to rise first and the prices of services to lag behind and rise later. It would be expected then that medical care prices in this long period would rise more slowly at first and more rapidly later. This is precisely what has happened.

Service Prices Still Lag.—Consumer price indexes of the United States Bureau of Labor Statistics covering all the commodity prices which are included in the sample stood at 208.2, or 108% above the 1935-1939 level in 1956; on the basis of the 1947-1949 level, the index was 109.8. The important point to observe, however, is that this 1956 index for all commodities (excluding services) on the basis of the long period was 208 as compared with only 194 for the entire (including services) Consumer Price Index; but on the basis of what has happened since 1949, this index for 1956 was a seemingly modest 109.8 as compared with the Consumer Price Index of 116.2. On the other hand, the index for all services (excluding commodities) on the basis of what has happened since 1940 was 185.2 in 1956, or less than the Consumer Price Index of 194.3. But on the basis of what has happened since 1949 only, the short-run period, the index for all services was 135.1, or definitely higher than the Consumer Price Index on this short-run basis. One can conclude, therefore, that on the basis of the entire inflationary period commodity prices have risen a good deal more than service prices, 208 over 185; the latter are still in the "catching up" stage.

This lag in service prices, and in medical care prices in particular, is stressed in an article by Elizabeth A. Langford[1] of the U. S. Bureau of Labor Statistics in the current (September) issue of the *Monthly Labor Review*, the official publication of the U. S. Department of Labor. In a summary of the changes in the two decades she states (page 1053):

> Medical care prices followed about the same pattern as those for all services. Thus, at the end of 1956, the prices of services, including medical care, had almost regained the relationship they held with the prices of commodities in the midthirties. Since the Consumer Price Index measures price changes relative to 1947-49, the base period, the fact that medical care prices had advanced relatively slowly during the previous decade is likely to be ignored. Moreover, comparison of the medical care index with the all-items index or with the indexes for the major groups conceals the fact that the movement of medical care prices has been similar to that for other services combined.

Her phrase "had almost regained," a general observation, is stated in terms of 1956 index numbers in the paragraph above—208 for commodities versus 194 for all items, and 185 for services versus 194.

1. Langford, E. A.: Medical Care in the Consumer Price Index, 1936-56, Monthly Labor Review **80**: 1053-1058 (Sept.) 1957.

2. Medical Care Expenditures and Prices, 1955, Miscellaneous Publication M-106B, Bureau of Medical Economic Research, American Medical Association, Chicago, 1956.

In order to emphasize changes in various service prices, the same author lists the following percentage increases between 1936 and 1956: hospital room rates, 265%; men's haircuts, 221%; shoe repairs, 135%; movie admissions, 114%; public transportation, 113%; laundry service, 108%; automobile repairs, 84%; dentists' fees, 82%; general practitioners' fees, 73%; surgeons' fees, 60%.

The Medical Care Indexes.—For 1956 the group of indexes classified as medical care and drugs (mostly services) stood at 184, or approximately 10 points below the entire Consumer Price Index on the long-time basis. On the other hand, on the basis of inflation since 1949 the index for medical care and drugs stood at 132.6, or 16 points above the entire Consumer Price Index. Thus, in the long-run period of inflation, the 1956 index of medical care and drugs was 10 points below the Consumer Price Index but 16 points above for the short-run period since 1949. So in the area of medical care and drugs the long-time lag in service prices is still evident. The Bureau of Medical Economic Research of the American Medical Association has prepared a publication which presents these and other breakdowns of the indexes on both the 1935-1939 and the 1947-1949 base periods.[2] In the remainder of this review of inflation and medical care, comparisons will be confined to the long-run period because this inflationary period began in 1940 and not in 1949, as most adults know. Most monthly press releases on changes in the Consumer Price Index stress the changes since 1949 and present only one index for the entire medical care field.

In relating medical prices to inflation, comparisons of some of the subindexes under medical care and drugs with the entire Consumer Price Index of 194.3 in 1956 have somewhat more significance to the members of the medical profession. The indexes of physicians' fees included in the sample developed by the U. S. Bureau of Labor Statistics were below that of the Consumer Price Index for 1956 with the single exception of the fee for an "obstetric case." This particular index stood at 218.1 in 1956, or 24 points above the entire Consumer Price Index. There has been an enormous increase in the number of births, the actual increase since 1945 being from 2,700,000 to 4,100,000. From a strictly supply and demand standpoint, one would expect a higher rise in such fees than in other medical fees generally. Moreover, there are some who contend that medical fees for an obstetric case were at an unusually depressed level before World War II when the birth rate was very low and the obstetric case package contained fewer prenatal services. Whatever the explanations may be, the index for fees for an obstetric case stands out as the only exception to the general rule that the indexes for physicians' fees in 1956 were below the entire Consumer Price Index. The 1956 index for general practitioners' fees was 172.6; for an office visit, 172.6; for a house visit, 160.9; for an appendectomy, 155.0; and for a tonsillectomy, 164.9.

Hospitals and More Babies.—The greatest change in the medical care field, however, has come in the index of hospital room rates, which stood at 356 for 1956. During this long period of inflation hospitals have been unusually exposed to the inflationary forces, particularly in the matter of wages and salaries. Moreover, the change from an average of one employee per patient to two employees per patient has harried many administrators of our voluntary hospitals. Both the quality and quantity of hospital services have changed considerably since 1940. The indexes of dentists' fees, like those for physicians' fees, have also stayed well under the level of the Consumer Price Index. Our conclusion regarding the movement of prices in the medical care field is that these prices, to the extent indicated by the indexes, have behaved rather favorably for consumers, with the two exceptions noted. (Preliminary estimates of the medical care subindexes for midyear 1957 suggest that the 1956 relationship between them and the Consumer Price Index continues. Also, the index of service prices is still lagging behind the index for all commodities.)

In the third place, the influence of inflation is also manifested in the expenditures which consumers make for medical care and for all other items. According to the United States Department of Commerce personal consumption expenditures during 1956 for medical care totaled $12,106,000,000. In both 1955 and 1956 the total expenditures classified as those for hospital services exceeded those for services of physicians; the amounts for 1956 were $3,451,000,000 for hospitals and $3,269,000,000 for physicians' services. Again it must be stressed that the great increase in the number of births and the upward trend in the proportion of all babies born in hospitals has been a very powerful factor in increasing expenditures for both services.

The members of the medical profession do not need to be reminded that pregnancy is not a disease. Reproduction does involve medical care expenditures, but it is obvious that increases in such expenditures do not indicate a deterioration in the health of the American people. The same government source also reports considerably greater 1956 expenditures for recreation than for all forms of medical care and considerably higher expenditures for such items as alcoholic beverages or tobacco than for either physicians' services or hospital services. In fact, even the expenditures for personal care exceeded those for hospital services.

Even more meaningful than dollars of expenditure are the percentages of personal consumer expenditures devoted to these different items. The 1956 percentage for all medical care items was 4.5 as compared with 4.4% in 1955. The actual proportion for physicians' services alone was 1.2 in both years, whereas there was an increase from 1.2 to 1.3% for hospital services. Within the medical care field these expenditures can be better compared by treating the total expenditures for all medical care as 100 cents, the medical care dollar. The proportion of the medical care dollar being paid to physicians has declined steadily from 1929, when it was 32.7 cents, to 27.2 cents in 1955 and 27.0 cents in 1956. On the other hand, the proportion of the medical care dollar spent for hospital services has climbed rapidly from 13.7 cents in 1929 to 27.7 cents in 1955, and to 28.5 cents in 1956. Likewise, the dentists' share has steadily declined over this same interval of time.

So the general conclusion as regards the proportion of the so-called consumer budget going for medical care is that the hospitals' share has been steadily rising until it was actually the largest share in both 1955 and 1956 and the physicians' share and the dentists' share have been steadily declining. During this period of time, medical progress has occurred at an exceedingly rapid rate and the improvements in the care of patients could scarcely have been achieved without some increase in the proportion of the consumer's dollar going for hospital services.

Wage Share for Medical Care.—For employees of industrial establishments who think in terms of weekly wages this story of the relationship of inflation to medical care can be presented in still another manner, the fourth comparison. Suppose that a physician's fee for a dozen office visits or a dozen house visits would have cost an entire week's wages before World War II. The important question to the wage earner is whether the same amount of medical service would cost more than a week's wages today or less than a week's wages. For physicians' fees the answer for 1956 is 48% of a week's wages and 61% for an obstetric case. The same number of days in a hospital which would have cost a full week's wages in 1935 to 1939 would have cost 99% of a week's wages in 1956. Since such comparisons do not make allowances for the great increase in taxation, particularly in the taxes deducted from the weekly pay envelope, the standard of comparison here might be considered on a basis of the entire Consumer Price Index—say, a "market basket" containing the proper number of units of each of the items which are priced in the development of the Consumer Price Index. That standard of comparison for 1956 was 54 rather than 100%, and those items which required more than 54% of a week's wages may be considered as having been less favorable in the cost to the consumer.

Physicians' Incomes.—Turning now to the physician rather than the patient for the fifth comparison, we find that according to the U. S. Department of Commerce the average level of physicians' incomes in the United States was 122% higher in 1951 than in 1929. The average level of incomes of all gainfully employed was 125% higher. Thus during a much longer period of time the incomes of physicians and the incomes of all gainfully employed people have moved up at about the same pace. The United States Department of Commerce does not regard the studies it made of the incomes of physicians immediately before World War II as sufficiently detailed and comprehensive to provide a standard of comparison with the present levels. But that agency has made estimates for the years since 1951 and these, like the data for 1929 and 1951, show that this trend is continuing.

Other and more detailed comparisons could be made, but these five historical comparisons of the extent of inflation in the medical care sector of our national economy indicate that this sector has performed reasonably well for the consumer. Many citizens are becoming worried about the extent of inflation. As citizens, physicians should not be content to rest on their oars but should participate in discussions in their communities on ways and means to stem this dangerous inflationary tide.

Some community leaders are already suggesting buyers' strikes like those of 1919; others are urging local groups to petition the federal government to curtail spending. But if these and other attempts fail and inflation continues, it behooves the members of the medical profession to continue their efforts to moderate the ravages of inflation in the medical care sector.

DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES

This issue of THE JOURNAL contains the Directory of Approved Internships and Residencies together with basic information concerning the approved examining boards in medical specialties as compiled by the staff of the Council on Medical Education and Hospitals. It includes statistical data and other specific information on all hospitals recom-

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mended by the Internship Review Committee for Council approval, and those approved by the Residency Review and Conference Committees for residency and fellowship education and training. Every effort is made to present this annually revised information so that it will be current and of value to medical students, interns, residents, physicians conducting such programs, hospital administrators, specialty board personnel, and others who may utilize it for reference. The directory represents a service function of the American Medical Association specifically concerned with the increasingly important field of graduate medical education and training. The Council is deeply grateful to the hospital staff personnel and administrators, to the officers of the specialty boards, and to other organizations whose cooperation and assistance has made possible this publication.

It is of interest to note that 852 hospitals offered a total of 11,895 intern positions for the year beginning July 1, 1956. Although this represents 15 fewer hospitals than were approved in the preceding year, it represents an increase of 279 positions available. In 1956 there were 6,845 graduates from approved medical schools in the United States. However, during the same year, 9,893 (83%) of the internship positions were filled, which indicates that over 3,000 were occupied by graduates of foreign medical schools or American graduates taking more than a single year of internship. There continues to be a trend for the larger teaching hospitals to have a higher percentage of internships occupied. Hospitals in the United States territories and possessions again showed the highest percentage of filled positions (97%), and the New England area had the highest intern-occupancy rate for the continental United States (89%).

In the area of graduate medical education represented by residencies, there were 5,134 approved separate training programs offering 28,538 appointments, of which 11,950 were at first-year level. These residency training programs were offered by 1,199 hospitals in which 81% of the available positions were filled. The seven specialties of surgery, internal medicine, pathology, obstetrics-gynecology, radiology, psychiatry, and pediatrics accounted for over three-fourths of the residencies offered. The percentage of available first-year residencies filled varied from 25% in public health to 100% in aviation medicine. Fields in which less than three-fourths of the positions offered were filled include allergy, general practice, neurology, otolaryngology, pathology, physical medicine, proctology, psychiatry, public health, pulmonary disease, and radiology. With the exceptions of obstetrics-gynecology, pathology, and thoracic surgery, in which the Council on Medical Education and Hospitals approves programs in concurrence with the board concerned, all other resident training programs are approved through residency review and conference committees.

The Council presents this annual report and directory with the hope that it will be of assistance to all individuals and organizations interested in medical education at the graduate level.

BEHIND THE SCENES

There are currently 17 residency review and conference committees which function effectively as joint liaison groups of the Council on Medical Education and Hospitals with various specialty boards and, in certain instances, the American College of Physicians, the American College of Surgeons, and the American Academy of General Practice, in the evaluation and approval of programs in graduate medical education. The story of the background and development of these important cooperative partnerships in this important aspect of medical education and training has been presented in THE JOURNAL (September 7, page 60). The value of these committees stimulated the development about three years ago of an Internship Review Committee on which there are representatives of the American Hospital Association, the Association of American Medical Colleges, the Federation of State Medical Boards of the United States, the American Academy of General Practice, and the Council on Medical Education and Hospitals of the American Medical Association.

The remarkable success of these cooperative committee activities in the difficult task of evaluating graduate medical education and training is largely due to the sincere interest, devotion, and hard work of the physician members who give so generously of their experience and time to these activities. These busy practitioners individually devote many hours to the comprehensive study of survey reports submitted by the Council's field staff which are forwarded to them throughout the year. Such preparatory study precedes the annual meetings of the committees. The Review and Conference Committee meetings, which are held from one to three times annually for each group, consist of one-or-two-day sessions which assure group evaluation of all programs, previously individually studied, prior to taking action. From time to time, these committees find the need for special surveys of a program or programs prior to taking definitive action. In such

instances, qualified physicians in various parts of the nation are requested to make such regional studies and submit their findings to the Committee. These eminent physicians, likewise, give freely of their knowledge, experience, and time, frequently traveling considerable distances to assist the committees, chiefs of services, and hospital administrators toward the mutual goal of strengthening graduate medical education.

Graduate medical education in general and the medical profession at large owe much to the contributions which are constantly being made by the physicians who serve so loyally on the Internship Review Committee, the Residency Review and Conference Committees, and in the conduct of special regional evaluation studies. It is this work "behind the scenes" representing the knowledge, effort, thought, and time of leaders in the various specialty fields of medicine and in general practice which is too little known and not fully appreciated. The Council on Medical Education and Hospitals is pleased to take this opportunity to express its deep appreciation to its various cooperating partners and, in particular, to the members of the profession whose cooperation and efforts have made possible the successful development of this program.

FUTURE OF THE INTERNSHIP

At the 51st Annual Congress on Medical Education and Licensure held in February, 1955, a symposium was devoted to considering the role of the internship in modern medical education.[1] It was noted that the responsibilities and duties of the intern have been increasingly delegated to student clerks on one hand and to residents on the other. There was agreement that the internship can only be defended in terms of educational value to the intern and not on the basis of service benefit to the hospital and its staff.

No unanimous conclusions were reached, but the symposium did clearly bring forth the ambiguous position of the internship as a result of the continuing development of the undergraduate clinical clerkships and graduate residency training programs. Though no final answers were provided, the long-range value of the internship as presently structured was seriously questioned.

After a period of thoughtful study, the faculty of Johns Hopkins School of Medicine has proposed a revision of its educational program.[2] One feature of the revised program is the transformation of the last medical school year into what will be the equivalent of a 12 months' rotating internship on the clinical services of the Johns Hopkins Hospital.

The many aspects of this soundly conceived educational experiment will be worthy of the attention of all physicians. Certainly the challenge that it presents to the current pattern of the internship will be of great interest and may help to elicit the firmer answers regarding the future of the internship that are needed.

NUTRITION AND PREGNANCY

Few doubt that the nutritional status and dietary habits of a mother have an effect on the outcome of her pregnancy. Most are equally willing to agree that the nutritional status of the mother prior to conception is also important, thereby expanding the area of nutrition in pregnancy to include the nutrition of the adolescent girl. This rather broad field of somewhat specialized nutrition demands the attention of the general practitioner; yet reliable information on the effective nutritional management of these patients is not always available. The Council on Foods and Nutrition, in an effort to fill this need, has enlisted the cooperation of the University of Missouri and the Boone County (Missouri) Medical Society in sponsoring a symposium on nutrition in pregnancy, to be held October 11, 1957, in Columbia, Mo.

To present the role of nutrition during pregnancy, topics discussed will include the influence of the maternal nutritional level on the fetus and infant, the metabolic and biochemical changes in normal pregnancy, the effect of the reproductive cycle on nutritional status and requirements, and dietary habits during pregnancy.

During the past 25 years it has become possible to experimentally produce a variety of congenital malformations, in the offspring of certain animals, by nutritional regimens imposed upon the mother. However, in the transition of such animal experiments to congenital malformations in humans, great caution must be exercised. In order to clarify the facts that are known, nutritional experiments as an instrument of teratological research have been included in the presentation. A panel of epidemiologic studies on nutrition in pregnancy will complete the one-day program. The symposium will subsequently be published in THE JOURNAL.

1. Future of the Internship (Symposium), in Medical Education in the United States and Canada, 1954-1955: Part II. Proceedings of the 51st Annual Congress on Medical Education and Licensure, Chicago, Council on Medical Education and Hospitals, American Medical Association, 1955.

2. Revised Program of Medical Education at Johns Hopkins, Johns Hopkins Mag. 8: 4-11 (June) 1957.

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COUNCIL ON MEDICAL SERVICE

CONTROL OF FATIGUE IN OLDER PERSONS

Theodore G. Klumpp, M.D., New York

This is the seventh of a series of papers on various aspects of aging. Each paper has been prepared for the Committee on Aging by an authority in the field. When completed, the series will be published in booklet form.

Fatigue is the most prevalent limiting factor in the pursuit of an active, happy, and useful way of life by older persons. Fatigue is both a symptom in itself and a symptom complex. Generalized fatigue is a vague physical, mental, and emotional depression known to everyone but difficult to describe specifically except through synonyms such as weariness, weakness, tiredness, exhaustion, lassitude, malaise, spent, strained, overworked, and "worn-out." It is often accompanied by loss of mental acuity, impairment of memory and perception, headache, disturbances of emotional and reflex reactivity, loss of visual acuity and accommodation, functional gastrointestinal and sphincter disorders, changes in cardiac rate, rhythm, and circulatory tone, and muscular weakness and tremor. Fatigue is also accompanied by many bodily chemical and endocrine changes, reference to which is beyond the scope of this paper.

Causes of Fatigue

Fatigue is an almost universal symptom of disease. It is often the chief complaint and sometimes the only one. In view of this, the symptom should always be taken seriously and steps taken to find the underlying cause. A painstaking analysis of the patient's physical, mental, and emotional status to disclose the possibility of disease, unhygienic patterns of living, or emotional conflicts that may be the basis of or contribute to undue fatigue should be instituted. Anemia, tuberculosis, diabetes, nephritis, cardiac decompensation, and thyroid dysfunction are a few of the many specific causes of undue fatigue. It is important to keep in mind that the "small cerebral hemorrhages" of Alvarez may be followed by easy fatigability and thus bring the patient to the physician's attention. The use of tobacco and alcohol—and this need not necessarily be excessive according to ordinary criteria—should be considered as possible causes of fatigue. But the physician should guard against arbitrarily banning these and other pleasures. They may represent the solaces of a lifetime and, indeed, are more likely to have value in overcoming fatigue than otherwise. In this as in other things, a brief trial period of abstinence or curtailment may tell the story.

The importance of obesity as an etiological factor in fatigue cannot be overemphasized. Loss of weight is usually of decisive benefit, although this may not always become apparent until the weight is stabilized at a lower level. Emotional factors often play an important role in fatigability. They should not be overlooked.

In considering the significance of fatigue, it must be kept in mind that it is also a normal incident of normal living. Some individuals are unduly sensitive to their own feeling tone and are unwilling to tolerate the minor deviations from the feeling of well-being that occur to everyone. Such patients need only reassurance. However, when the pattern of fatigue has recognizably changed, or the symptom is out of proportion to the age or mode of life, or it imposes an undue limitation on ordinary activities, it should not be dismissed lightly.

In the absence of specific disease, fatigue of older persons arises principally from the following five basic causes: (1) diminution of organic reserve, particularly of the heart and circulatory system, due to loss of vascular elasticity and arteriosclerosis; (2) decline of endurance of mental and emotional effort, the basis of which is the sum of the many organic changes in the central nervous system accompanying the aging process; (3) atrophy of disuse involving all systems of the body; (4) loss of incentive, motivation, and interest; and (5) decline of endocrine activity.

In attempting to control the fatigue of older persons, the physician is confronted with the paradox of a symptom that can never be entirely cured and yet can almost always be temporarily alleviated. Fortunately, much can be done by the physician to combat fatigue, but he must be willing to devote enough time to the patient to determine which of the basic causes is predominantly responsible. There is no rule of thumb regimen that is effective in all cases, and clinical trial with periodic changes in therapy and prescribed patterns of living may be necessary. Basically, fatigue can be alleviated: (*a*) by shrinking the individual's activities to the level where the symptom largely disappears or (*b*) by measures that will tend to enhance endurance and tolerance to fatigue.

President, Winthrop Laboratories.

Members of the Committee on Aging are Drs. H. B. Mulholland, Chairman, Charlottesville, Va.; Edward L. Bortz, Philadelphia; Henry A. Holle, Austin, Texas; Wingate M. Johnson, Winston-Salem, N. C.; Theodore G. Klumpp, New York; Frederick C. Swartz, Lansing, Mich.; and Cecil Wittson, Omaha. Committee Staff: Mr. George W. Cooley, Secretary, and Mr. Herbert B. Norton, Research Assistant.

For a long time the approach to the problem of fatigue was thought to be simple. A brief history of the patient's mode of life was obtained with one objective in mind—to cut out something. It made little difference how little the individual was doing—if the patient was tired, something had to go. For instance, if the patient did nothing more than sit in a rocking chair all day long, he was no doubt advised to stop rocking and go lie down.

The enormous benefaction of rest, particularly as a therapeutic measure, cannot be questioned. But too much of a good thing, or a good thing improperly applied, may be harmful. What surgeons have learned in the practice of early ambulation we are beginning to realize has application to many medical problems and particularly to the problem of fatigue of the aged. Rest is not a universal panacea for fatigue—as thoughtful experience discloses over and over again. Many of these patients can be reduced to a vegetative existence and plied with sedatives and somnifacients and they are still tired.

What has been lost sight of is the fact that the pattern of modern civilized living, particularly in the United States, is specifically designed to avoid physical activity and stress. We have applied our enormous inventive genius and resources to the development and widespread distribution of labor-saving devices to the point where physical exertion is virtually eliminated. Young people are able to maintain their muscular and neurocirculatory tone in reasonably good condition through sports and play. As we grow older, we tend to give up these things, and, with the help of labor-saving devices, now including electric golfmobiles, we begin to suffer rapidly and too early in life from atrophy of disuse. This brings with it, among other things, a loss of functional reserve of the heart and other muscles, including those of the vascular tree. As a consequence, the slightest added stress brings on undue fatigue.

Perhaps we have lost sight of some of the following basic principles of physiology and biology that have application to this problem. 1. Functional capacities are maintained only through use. 2. Such capacities can be augmented, within limits, only through repeated stress. 3. Atrophy of disuse sets in rapidly and those capacities that are relinquished are soon lost. 4. Functional capacities decline with age, but they will decline less rapidly if they continue to be used to their fullest extent!

Prevention of Fatigue

With these thoughts in mind, it is evident that the most effective approach to the problem of fatigue of old age lies in prevention through the maintenance of an adequate neuromuscular reserve against stress. Fortunately, some degree of the same reserve can be regained at any time except where its loss is due to advanced organic disease. This may be accomplished by means of a regimen of graded exercise. The form of the exercise will depend on available resources and resourcefulness, but every effort should be made to avoid drudgery and to find some physical activity that is fun and that the patient will be inclined to continue of his own volition. Golf, swimming, hiking, bicycle riding, gardening, badminton, and tennis are among the many pleasurable forms of activity that will serve the purpose. Here, too, the rules of common sense are still applicable and too much exercise as well as too much rest can only defeat its own purpose. Along with exercise, the physician should see to it that the patient also obtains an adequate amount of sleep at night. If mental or emotional disturbances interfere with this, there is ordinarily no overriding reason why a good somnifacient should not be prescribed. A short rest at midday is of definite benefit in some cases, and almost all individuals can train themselves to sleep for half an hour if they will earnestly try.

At the same time the mental and emotional fatigue that comes at the end of a trying but sedentary day can be miraculously dispelled with a little physical exercise. It takes a particular charge of will power to undertake physical activity when fatigue is already present and all of nature seems to be crying for rest instead, or perhaps a drink. But over and over again it has been demonstrated that physical activity in such circumstances brings a degree of refreshment and renewed energy that nothing else can equal.

Undue fatigue of older persons occurs so much more commonly among those who are overweight that this circumstance warrants special emphasis. The remedy is obvious, easy to prescribe, but hard to take. A patient once told me, "What I need, doctor, is a will-power pill." In addition to dietary instructions, the importance of exercise should not be discounted, despite traditional handed down hearsay to the contrary. Its greatest value lies in its stimulating effect on endocrine activity, perhaps the thyroid in particular, and in overcoming the tendency to sleep and snooze too much—a common counterpart of obesity.

There can be little doubt that endocrine deficiencies contribute to the fatigue of old age in some individuals. This is particularly true during the menopause, and in such cases the administration of estrogens is often of benefit. Whether or not a related change takes place in men is still a matter of dispute. Nevertheless, experience suggests that small doses of testosterone are also sometimes of value in overcoming easy fatigability of older men. Thyroid extract is occasionally helpful, particularly where the basal metabolic rate is low and the serum cholesterol level elevated, but otherwise it is more often disappointing than not.

The sympathetic amines, such as methamphetamine (Desoxyephedrine) hydrochloride, phenylephrine (Neo-Synephrine) hydrochloride, and amphetamine (Benzedrine) have a potent effect in counteracting undue fatigue. As a general rule,

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they should not be given until other measures have failed. They are, of course, contraindicated in hypertension, coronary, and other vascular disease. Contrary to older pharmacological concepts, they are best administered in conjunction with a small dose of a sedative which permits the ergogenic effect of the amine to occur without the otherwise accompanying nervousness and sleeplessness. The sympathetic amines are particularly useful for fatigue in obese patients. Needless to say, patients receiving drugs for fatigue should be seen by the physician at regular intervals.

There is no reliable correlation between how hard a person works and degree of fatigue. If anything, fatigue of older persons is seen more commonly among those patients who do not have enough to do. Too often they feel that their life work is done and their fatigue has its origin in boredom and loss of incentive and interest. Over and over again, when a crisis arises or something of deep interest comes along, these individuals miraculously lose their fatigue.

It is, of course, difficult for a physician to prescribe an interest where there is no interest. Unfortunately "make work" programs often fail because they are undertaken half-heartedly and the necessary compelling motivation is lacking. However, this should not serve as a deterrent, because a new and absorbing interest is the only real salvation for some of these patients. When they find it, as some do, their symptoms disappear and they are given a new lease on life.

COUNCIL ON NATIONAL DEFENSE

ARMED FORCES PROGRAM FOR RESIDENCY DEFERMENT

The following report is authorized for publication by the Council on National Defense as a matter of interest to recent medical graduates who have an obligation for military service.

FRANK W. BARTON, *Secretary.*

Established in 1954 with the cooperation of the Selective Service System, the Department of Defense inaugurated its Armed Forces Reserve Medical Officer Commissioning and Residency Consideration Program as a method to fulfill needed medical specialty requirements for the armed forces. Each year a certain number of young men are selected for recommendation for deferment in order to obtain residency training in specialties needed by the military departments. The number selected each year is based upon the projected need for specialists.

In July of each year, all interns with a liability for military service are mailed an Informational Bulletin and application blank for participation in the program. Selections for deferment for residency training are made in the latter part of September, and all participants are allocated to the three military departments for the purpose of obtaining a commission.

In the 1957 program, about 2,800 participating residents will be authorized to be in a deferred status. About 1,000 will start their first year of training and the remainder will be in their second, third, or fourth year. It is expected that about 1,000 interns will be recommended for deferment each year.

In the programs for 1956 graduates, there were 3,667 participants. Of the 2,203 who requested deferment, 1,200 were selected. There were 1,464 interns who requested active duty immediately following internship. All who requested will be brought to duty during July-September, 1957.

Selections for recommendation for deferment will be made in the specialties as indicated in the table.

Number of Selections for Recommendation for Deferment, by Specialty

Specialty	Army	Navy	Air Force	Total
Anesthesiology	20	16	7	43
Dermatology and syphilology	8	0*	0*	8
General practice	0	18	58	76
Internal medicine	65	72	12	149
Neurology	4	0*	12	16
Neurosurgery	2	0*	0*	2
Obstetrics and gynecology	50	12	18	80
Ophthalmology	25	12	0*	37
Occupational medicine	3	0	10	13
Orthopedic surgery	7	18	0*	25
Otolaryngology	28	24	47	99
Pathology	25	36	30	91
Pediatrics	40	36	24	100
Physical medicine and rehabilitation	0*	4	10	14
Preventive medicine and public health	3	12	12	27
Psychiatry	30	44	60	134
Radiology	24	12	0*	36
Surgery	60	72	0*	132
Urology	6	12	0	18
Total	400	400	300	1,100†

* Requirements in this specialty filled by training programs for career officers.

† An overselection of 20% will be made to allow for drop outs.

The intern and residency training programs continue to be the main source of procurement for career medical officers. Recently, the Department of Defense issued a nine-page Informational Bulletin outlining the program and explaining how the program applies to 1957 medical graduates. It contains a number of typical questions on the program, with answers. Copies of the Informational Bulletin may be obtained by writing the Assistant Secretary of Defense (Health and Medical), Department of Defense, Washington 25, D. C.

MEDICINE AND THE LAW

ANALYSIS OF PROFESSIONAL LIABILITY CLAIMS AND SUITS

This is the 16th in a series of articles dealing with medical professional liability. An editorial (page 360) and a chronological résumé (page 364) appeared in THE JOURNAL, *Feb. 2. The preceding articles in this series have been published weekly in* THE JOURNAL *from Feb. 9, 1957, to April 6, and since then intermittently.*—ED.

A study of the subject of medical professional liability would not be complete without a review of the experience of physicians who have been a party to an actual claim or suit. In an effort to collect detailed information in this regard, questionnaires were mailed in July, 1956, to a scientifically selected sample of 7,577 physicians consisting of roughly 5% of the members of the American Medical Association. These questionnaires solicited opinions on various aspects of medical professional liability and also inquired whether a professional liability claim or suit had ever been brought against the physician.

Two follow-up questionnaires were sent to those who had not replied. When the second follow-up was sent, a post card was enclosed which asked the physician to check one of the following: "A professional liability claim or suit has *never* been filed against me; A professional liability claim *has* been filed against me; or, A professional liability suit *has* been filed against me." Physicians were asked to return the post card if, for some reason, they would not return the questionnaire.

Counting the questionnaires and post cards, an 83.0% return was received. From the total returns it was possible to ascertain that 12.8% of the physicians responding had been involved in a claim or suit and 87.2% had not.

The total number of usable questionnaires constituted 71.2% of the original sample. The report analyzing these questionnaires appeared in the Aug. 3, 1957, issue of THE JOURNAL in the section Medicine and the Law.

As the second step in this phase of the survey, a completely different questionnaire—a request for a case history—was sent to the 748 physicians who indicated that they had been involved in a medical professional liability claim or suit. If, on the first questionnaire, the physician indicated he had multiple claims, one questionnaire was sent to him for each claim or suit reported.

A total of 661 usable case histories were received and are the basis of the following analysis. The data and percentages reported are based on total claims, not total physicians. Every claim involved a physician, but one physician may have been involved in more than one claim. The results are also qualified by the fact that the case history questionnaires were sent to physicians who indicated on the first questionnaire that they were involved in a claim or suit. These claims, therefore, or the physicians who had them, were not selected from a random sample but constitute a follow-up of a select group.

A further qualification is the fact that this analysis constitutes the experience of a group of living physicians. This point becomes important in a time series analysis. For example, a tabulation of the year in which the claim was brought reflects the experience of physicians living today, not the total or even a sample of the total number of claims brought against physicians in that period. Thus, the farther away the period involved is from the present, the less representative the sample is of that period because of the natural attrition of the physician population.

In the following tables we have reported the facts as they have been given by physicians who had a professional liability claim or suit brought against them. In presenting these 661 case histories every effort has been made to abstain from interpretation and editorial comment.

The geographical regions referred to in some of the tables are those established by the United States Department of Commerce. By way of explanation, the New England states include Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut. The Middle Atlantic states include New York, New Jersey, and Pennsylvania. The South Atlantic states include Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida. The East North Central states include Ohio, Indiana, Illinois, Michigan, and Wisconsin. The East South Central states include Kentucky, Tennessee, Alabama, and Mississippi. The West North Central states include Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas. The West South Central states include Arkansas, Louisiana, Oklahoma, and Texas. The Mountain states include Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, and Nevada. The Pacific states include Washington, Oregon, and California.

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Time Claim Was Brought—Ten-Year Periods

A review was made of the "case histories" to determine, by geographical area, the percentage of claims brought in each 10-year period beginning from 1900 to the present. Again, caution is urged in interpreting these figures, for they do not mean that the increase in all professional liability claims or suits is as marked in the period from 1939 to present as one might assume by a hurried reference to table 1. The figures refer only to claims against living physicians who returned the professional liability questionnaire.

TABLE 1.—*Percentage of Claims Filed by Time and Region*

	1900-1909	1910-1919	1920-1929	1930-1939	1940-1949	1950-1957	Unknown
New England	...%	...%	5.9%	17.7%	38.2%	38.2%	...%
Middle Atlantic	...	...	4.4	12.3	21.0	61.6	0.7
South Atlantic	1.6	1.6	9.7	22.6	12.9	51.6	...
East North Central	...	0.9	7.7	24.8	23.9	42.7	...
East South Central	...	5.9	5.9	...	11.7	76.5	...
West North Central	1.5	1.5	4.5	25.8	18.2	48.5	...
West South Central	...	...	9.4	12.5	25.0	53.1	...
Mountain	...	...	...	15.1	36.4	45.5	3.0
Pacific	...	...	3.1	16.0	20.4	60.5	...
United States	**0.3%**	**0.6%**	**5.3%**	**17.9%**	**21.9%**	**53.7%**	**0.3%**

Years in Practice at Time of Alleged Incident

One of the questions on the questionnaire was "How long had you been in practice at the time of the alleged incident?" The answers received have been included in table 2, shown in percentages and broken down by five-year periods. The median years in practice vary from 8.0 in the Mountain states to 16.6 in the Middle Atlantic states. The median for the United States as a whole is 13.4 years.

Nature of Practice and Place Alleged Act Occurred

The physicians involved in the reported claims and suits were for the most part engaged in active private practice. The percentage of claims in the six specific categories most frequently mentioned is shown, by geographical area, in table 3.

Inasmuch as most of the more serious medical and surgical procedures are performed in hospitals it was not surprising to find that the highest percentage of the acts of negligence alleged in the cases reported occurred in hospitals. The answers to the questionnaires revealed that the alleged negligent acts occurred in hospitals, 67.2%; doctor's office, 23.9%; patient's home, 6.3%; miscellaneous (place of employment, doctor's home, jail, etc), 2.0%; and place not stated, 0.6%.

Type of Practice Involved in Reported Claims and Suits

In the majority of instances the claims and suits reported were against physicians engaged in full-time specialty practice. The figures further reflect, however, that the alleged incident on which the claim or suit was based occurred to physicians who were not board-certified. Table 4 shows, by geographical area, the percentage of claims involving physicians by type of practice and the percentage of claims by board-certified physicians. It cannot be taken for granted from these figures that the incident on which the action was based occurred in the field in which the physician was certified.

TABLE 2.—*Percentage Breakdown by Years of Practice—Five-Year Periods*

	Interns and Residents	Less than 1 Yr.	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and Over	Unknown
New England	2.9%	2.9%	17.7%	23.6%	2.9%	11.8%	14.7%	11.8%	2.9%	2.9%	5.9%	...%
Middle Atlantic	0.7	...	16.6	14.5	13.0	13.8	13.8	11.6	8.7	5.1	...	2.2
South Atlantic	3.2	3.2	19.4	17.8	16.1	11.3	9.7	11.3	3.2	...	4.8	...
East North Central	0.9	1.7	13.6	15.4	20.5	20.5	9.4	6.8	3.4	0.9	5.2	1.7
East South Central	...	5.9	17.6	17.6	29.4	...	5.9	11.8	11.8	...	...	...
West North Central	1.5	1.5	19.7	19.7	13.6	15.2	6.1	10.6	1.5	4.6	4.5	1.5
West South Central	...	...	15.6	34.4	12.5	12.5	12.5	6.3	...	3.1	3.1	...
Mountain	...	...	21.2	30.3	6.1	18.2	9.1	6.1	3.0	...	3.0	3.0
Pacific	2.5	1.9	17.3	19.8	19.8	19.8	7.4	4.3	3.1	...	1.2	3.1
United States	**1.5%**	**1.5%**	**17.1%**	**19.1%**	**15.9%**	**16.0%**	**9.8%**	**8.3%**	**4.2%**	**2.0%**	**2.8%**	**1.8%**

A further analysis of the information supplied in this regard revealed that the alleged incidents occurred most frequently in the following fields of medical practice: surgery, 30.9%; medicine, 20.0%; orthopedics (including surgery), 19.7%; obstetrics and gynecology, 12.5%; neurology and psychiatry, anesthesiology, radiology and others, 16.9%. No significant variation from nationwide figures was evident in any geographical area.

TABLE 3.—*Nature of Practice—Percentages by Geographical Area*

	Active Private Practice	Intern, Resident, Employee of Hospital	Industry	Local Government	Armed Forces	University	Other
New England	97.1%	2.9%	..%	...%	...%	...%	...%
Middle Atlantic	97.1	2.2	0.7	...	...	...	...
South Atlantic	85.5	11.3	1.6	...	1.6	...	...
East North Central	94.0	3.4	0.9	1.7	...	...	...
East South Central	94.1	5.9	...	...	...	...	...
West North Central	90.9	4.6	3.0	...	...	1.5	...
West South Central	93.8	3.1	...	...	...	...	3.1
Mountain	91.0	3.0	...	...	...	3.0	3.0
Pacific	91.4	6.2	...	1.2	1.2	...	...
United States	**92.8%**	**4.7%**	**0.8%**	**0.6%**	**0.5%**	**0.3%**	**0.3%**

Nature of Alleged Negligent Act

The case histories disclosed the percentage breakdown shown in table 5 with respect to the alleged bases for the claims or suits reported.

TABLE 4.—*Type of Medical Practice—Physician Board-Certified*

	Full-time Specialist	General Practitioner	Part-time Specialist	Intern or Resident	Other or Unspecified	Board-Certified Yes	Board-Certified No
New England	47.1%	38.2%	11.8%	2.9%	...%	29.4%	70.6%
Middle Atlantic	70.3	13.8	14.5	0.7	0.7	46.4	53.6
South Atlantic	54.8	19.4	21.0	4.8	...	17.7	82.3
East North Central	41.0	35.0	21.4	2.6	...	21.4	78.6
East South Central	52.9	35.3	11.8	...	...	11.8	88.2
West North Central	25.8	50.0	22.7	1.5	...	13.6	86.4
West South Central	40.6	53.1	6.3	...	...	28.1	71.9
Mountain	42.4	45.5	9.1	...	3.0	33.3	66.7
Pacific	52.5	33.3	10.5	3.7	...	30.9	69.1
United States	**50.4%**	**31.7%**	**15.3%**	**2.3%**	**0.3%**	**28.9%**	**71.1%**

Persons Performing Negligent Act and Those Joined in Claim or Suit

In approximately three-fourths of the cases reported, the alleged negligent act was performed by the reporting physician. Table 6 indicates the profession of individuals who allegedly performed the negligent act in the remaining cases. The second column of the table shows the percentage of cases with more than one defendant and the types of joint-defendants involved.

Secondary Causes of Claims or Suits

In a majority of the case histories reported it was indicated that some factor in addition to the alleged negligent act prompted the individual to file a claim or suit. The enumeration of these factors in table 7 discloses that these secondary causes may be grouped in four categories: 1. Factors under the control of the medical profession. In this group are to be found 27.3% of the secondary causes. 2. Pressure or influence exerted on the claimant by outsiders. In this group are to be found 22.6% of the secondary causes. 3. The patient himself as a producing factor. In this group are to be found 24.6% of the secondary causes. 4. The fourth factor is the miscellaneous group, which accounts for 25.5% of the secondary causes.

TABLE 5.—*Primary Bases for Claims or Suits*

Poor operative result	24.7%
Poor medical result	19.3
Error in diagnosis	10.1
Foreign bodies left in patient	8.6
Burns	7.9
Assault, lack of consent	4.0
Abandonment	2.8
Error in prescription	2.6
Poor neuropsychiatric results	2.2
Improper commitment of incompetents	2.1
Faulty equipment	1.9
Sterilization procedures	1.9
Blood transfusion accidents	0.9
Miscellaneous or no answer	11.0

This information indicates that it is within the power of physicians themselves to remove a considerable percentage of secondary precipitating causes for filing claims or bringing suits. This may be accomplished by refraining from criticism of the care and treatment accorded by other physicians and by utilizing discretion and tact in billing and collection procedures. This latter fact is substantiated by the significant number of responses grouped under "miscellaneous" which indicate that pressure in collecting the physician's bill was a precipitating cause for the professional liability claim or suit. Claims may be reduced by handling ancillary medical conditions personally and promptly or by referring patients to another physician. Room for improvement is also possible by taking care in maintaining proper records and inviting consultation when alcohol or drug addicts are involved.

TABLE 6.—*Persons Involved in Negligent Act and Claims or Suits*

	Negligent Act Performed by	Joined in Claim or Suit
Reporting physician	72.5%	...%
Another physician	11.2	47.4
Nurse	6.8	8.7
Intern or resident	3.2	7.8
Technician	2.0	1.8
Anesthetist (not M.D.)	2.0	3.0
Pharmacist	0.3	1.3
Hospital	...	28.7
Miscellaneous or unknown	2.0	1.3

TABLE 7.—*Secondary Bases for Claims or Suits*

Under Physician's Control	
Careless comment about another physician	25.2%
Patient had another disease or disability which progressed badly	2.1
Outside Influence	
Action prompted by attorney	15.4
Action prompted by relative	7.2
Patient a Factor	
Claim brought for financial profit	13.8
Mental disability	7.9
Alcohol or narcotic addict	2.9
Miscellaneous, Not Possible to Classify	25.5

Information Concerning Claimants

In submitting case histories, physicians were asked to supply information concerning the sex, age, and occupation of the person bringing the claim or suit. With respect to age it appears that the majority of claimants are between 29 and 40. The median age for the United States as a whole is 34.4 years. The median age by geographical area ranges from 23.8 years in the East South Central states to 40.4 years in the Pacific states. With respect to the sex of the claimant, the questionnaires indicated that nationwide 55.1% of the claims and suits were filed by females and 43.1% by males; in the remaining cases (1.8%) the sex of the claimant was not stated.

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Table 8 indicates a percentage breakdown, by geographical area, of the occupations of the persons filing the claims and suits reported.

Attempts at Settlements and Reasons

It appears that some of the claimants in the reported claims and suits attempted for a number and variety of reasons to negotiate a settlement.

Figures concerning the disposition of settled claims and suits indicate that 53.1% of the cases were compromised or settled or decided in favor of the claimant. In cases finally decided by the courts only 18.7% were decided for the claimant. The basis for this percentage does not include cases which are pending or those dropped or compromised.

TABLE 8.—*Occupation of Claimants*

	Housewives	Laborers and Farmers	Craftsmen, Foremen, Etc.	Service Workers, Including Protective and Domestic	Clerical Workers	Sales Workers	Retired	Semiprofessional Worker	Professional Worker	Proprietors, Managers, Officials	No Answer and Unemployed
New England	32.4%	5.9%	8.8%	2.9%	11.8%	2.9%	5.9%	...%	5.9%	...%	23.5%
Middle Atlantic	30.4	6.5	9.4	3.6	2.2	5.1	3.6	3.6	2.2	2.2	31.2
South Atlantic	30.6	9.7	8.0	9.7	6.5	3.2	1.6	...	6.5	...	24.2
East North Central	38.5	12.8	6.8	6.8	3.4	4.3	2.6	1.7	1.7	1.7	19.7
East South Central	41.2	...	5.9	...	5.9	...	...	5.9	...	...	41.1
West North Central	28.8	18.2	9.1	7.6	1.5	7.6	3.0	4.5	1.5	1.5	16.7
West South Central	40.6	6.3	15.6	6.3	3.1	...	3.1	3.1	...	...	21.9
Mountain	39.4	6.1	12.1	...	3.0	3.0	3.0	...	6.1	...	27.3
Pacific	29.0	10.5	6.8	4.9	5.6	3.7	3.1	4.9	1.2	3.7	20.6
United States	**32.7%**	**9.8%**	**8.5%**	**5.3%**	**4.3%**	**4.1%**	**3.0%**	**3.0%**	**2.4%**	**1.8%**	**25.1%**

A much smaller percentage of the physician defendants were apparently interested in a settlement. For the United States as a whole, an attempt was made by the physician to settle the case out of court in 19.5% of the cases. In 73.5% of the cases no attempt was made by the physician to settle and in 7% no answer was given. The few physicians who did seek settlement reported the reasons shown in table 9.

TABLE 9.—*Reasons Physicians Attempted Settlement*

Advice of attorney	26.7%
To avoid unfavorable publicity	24.1
Responsibility apparent	13.8
Cheaper than court costs or to avoid appearance in court	11.2
To settle for smaller amount than verdict might bring	7.8
To save time	4.3
Avoid strain of litigation because of poor health	2.6
Miscellaneous	9.5

Disposition of Claim or Suit

A significant percentage of the claims reported became the basis for a suit. Of the claims reported, 43.1% developed into a suit; 32.4% of the claims were settled or compromised by a money payment; 17.1% were dropped; and the remainder or 7.4% of the claims were still pending or their status was unknown. Information with respect to the status and disposition of the suits reported is shown in table 10. It was also reported that claimants obtained a money settlement or an award, following a suit, most frequently in cases involving obstetrics and gynecology, and anesthesiology.

Professional Liability Insurance Status of Physicians

Case histories reflect that nationwide 93.2% of the physicians responding were covered by medical professional liability insurance at the time of the alleged incident, on which the reported claim or suit, was based. The next information requested was whether, as a result of the claim or suit, the physician experienced any difficulty in obtaining or renewing his professional liability insurance coverage. This information is reflected in table 11, by geographical area.

TABLE 10.—*Status or Disposition of Suits Reported—Percentage Breakdown*

	Pending	Decided for Claimant	Decided Against Claimant	Dropped	Compromised
New England	21.4%	...%	35.7%	...%	42.9%
Middle Atlantic	34.0	8.9	21.4	14.3	21.4
South Atlantic	12.1	6.1	48.5	12.1	21.2
East North Central	15.7	11.8	43.1	11.8	17.6
East South Central	...	...	66.7	33.3	...
West North Central	18.2	13.6	45.5	4.5	18.2
West South Central	35.3	5.9	35.3	11.8	11.8
Mountain	10.0	20.0	50.0	20.0	...
Pacific	9.2	10.5	48.7	10.5	21.1
United States	**18.2%**	**9.5%**	**41.1%**	**11.6%**	**19.6%**

Conclusions

The tables naturally promote speculation. For instance from these histories it is possible to picture the composite claimant as 34.4 years old, a housewife, who was, most probably, dissatisfied with an allegedly poor operative result. The national com-

posite physician would have been a full-time specialist in active private practice. He was probably in practice 13.4 years and had professional liability insurance coverage at the time of the alleged negligence. The incident complained of most probably occurred in a hospital, involved surgery, and was quite possibly precipitated into a claim because of the comment of some other physician.

TABLE 11.—*Difficulty Experienced in Obtaining or Renewing Professional Liability Insurance After Claim or Suit*

	After Claim			After Suit		
	Yes	No	No Answer	Yes	No	No Answer
New England	11.8%	85.3%	2.9%	21.4%	71.4%	7.2%
Middle Atlantic	5.1	89.8	5.1	8.9	67.9	23.2
South Atlantic	6.5	90.3	3.2	3.0	90.9	6.1
East North Central	11.1	77.8	11.1	11.8	72.5	15.7
East South Central	11.8	82.3	5.9	...	100.0	...
West North Central	9.1	84.8	6.1	9.1	68.2	22.7
West South Central	12.5	84.4	3.1	11.8	76.4	11.8
Mountain	3.0	94.0	3.0	...	90.0	10.0
Pacific	3.7	90.7	5.6	1.3	94.7	4.0
United States	**7.1%**	**87.0%**	**5.9%**	**7.0%**	**80.7%**	**12.3%**

Chances are the physician did not seek a settlement of the claim out of court, although the patient might have. The claim possibly went on to suit but the patient did not receive an award or settlement. After the claim or suit was disposed of the physician probably did not experience difficulty in obtaining or renewing his professional liability insurance coverage.

The case histories indicate that the professional liability problem is more severe in the Pacific and the Middle Atlantic states. They also indicate that there has been a pronounced increase in the incidence of professional liability claims and suits since about 1940.

If these case histories, of known claims, are an accurate and representative sample, their projection to represent a composite of all claims of all physicians would be sound and logical. As is frequently the case, however, we cannot be certain of all of these factors and therefore any projection must be limited.

The statistics presented do, however, represent experience. To the extent that the experience of others is a good teacher, these reports, very properly, may be a basis for individual and collective prevention programs.

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THE PHYSICIAN-PATIENT RELATIONSHIP

This is the fifth in a series of six articles dealing with the necessity for and proper format of certain medicolegal forms. The subjects to be covered are (1) consent to operations and other medical procedures; (2) patient's right to privacy; (3) confidential communications and records; (4) artificial insemination; (5) the physician-patient relationship; and (6) autopsy.

This material has been prepared and will be published in book form by the Law Department of the American Medical Association under the title "Medicolegal Forms with Legal Analysis." The book will include extensive legal citations and a substantial number of additional forms which have not been included in this series of articles.—ED.

A physician is not required to accept as patients all who apply to him for treatment. He may arbitrarily refuse to accept any person as a patient, even though no other physician is available. The physician-patient relationship begins when the physician, in response to an express or implied request that he treat the patient, undertakes to render services. The mere rendering of such services as may be necessary in an emergency does not give rise to the relation, but the physician is required to use due skill and care in administering emergency treatment. After the physician-patient relation has been entered into, the physician is under an obligation, in absence of a special agreement, to attend the case as long as it requires attention, unless he gives notice of his intention to withdraw from the case or is dismissed by the patient. A physician cannot withdraw from a case and relieve himself from liability with respect thereto by simply staying away without notifying the patient of his withdrawal. If the physician wishes to withdraw from a case, he must give the patient reasonable notice of his withdrawal in order that the patient may secure other medical attention if he desires. What is reasonable notice to the patient depends upon the circumstances of each case. Factors to be taken into consideration are the condition of the patient, the size of the community, and the availability of other physicians.

If the physician wishes to withdraw from a case, he should make this desire clear to the patient. To provide himself with the greatest degree of protec-

tion with respect to the matter, the physician should write a letter to the patient explaining the situation. This letter should preferably be sent by registered mail and the return receipt, together with a copy of the letter, should be retained in the physician's file. If the physician is discharged from a case by the patient who is in need of further medical attention or if the patient leaves the hospital against the physician's advice, the physician should be in a position to establish that he did not abandon the case, but was discharged by the patient, or that the patient acted contrary to his advice. He may protect himself in this matter by obtaining a signed statement of the facts from the patient or by sending a letter to the patient confirming the discharge or the fact that the patient left the hospital against the advice of the physician. Again the letter should preferably be sent by registered mail and the return receipt, together with a copy of the letter, should be retained in the physician's files.

The physician may, by special agreement with the patient, limit his engagement to treat the patient to one particular treatment or procedure or to administering treatment at a particular time or place.

If a physician, who has entered into a general agreement of treatment, is unable to treat the patient when his services are needed, he may provide a substitute to render the services. However, the substitute who is sent must be qualified and competent. Although it has been held that a physician may send a substitute when the case is an obstetric one, because of the more personal nature of the physician-patient relationship in such cases, the physician should, if possible, obtain the written consent of the patient to a substitution in the event that he may be unable to come when needed.

FORM 1.—*Provision for Substitute Physician at Delivery*

Date .....

Place .....

To Dr. .....:

In engaging you as my obstetrician, I understand that if you are unavailable or unable for any reason to be present and to deliver me, at the time of my confinement, you will make a reasonable effort to refer me to another duly licensed physician to render obstetrical care. I agree to hold you free from any duty, liability or responsibility in connection with any services that may be performed by any physician to whom you refer me or whom I may call.

Signed .....

Witness .....

Note. If the husband is present at the time that the arrangements are made, it is desirable that he should witness his wife's execution of this form.

FORM 2.—*Letter to Patient Who Fails to Follow Advice*

Dear Mr. .....:

At the time that you brought your son, William, to me for examination this afternoon, I informed you that I was unable to determine without X-ray pictures whether a fracture existed in his injured right arm. Although I insisted and still do insist that an X-ray study should be made of William's arm, you have refused to follow my advice. I strongly urge you to permit me or some other physician of your choice to make this X-ray examination without further delay.

Your neglect in not permitting a proper X-ray examination to be made of William's arm may result in serious consequences if in fact a fracture does exist.

Very truly yours,

....., M.D.

FORM 3.—*Letter of Withdrawal from Case*

Dear Mr. .....:

I find it necessary to inform you that I am withdrawing from further professional attendance upon you for the reason that you have persisted in refusing to follow my medical advice and treatment. Since your condition requires medical attention, I suggest that you place yourself under the care of another physician without delay. If you so desire, I shall be available professionally to attend you for a reasonable time after you have received this letter, either for regular or emergency medical treatment, but in no event for more than five days following such receipt. This should give you ample time to select a physician of your choice from the many competent practitioners in this city. With your approval, I will make available to this physician your case history and complete information regarding the diagnosis and treatment which you have received from me.

Very truly yours,

....., M.D.

FORM 4.—*Statement of Patient Leaving Hospital Against Advice*

This is to certify that I am leaving ..... Hospital at my own insistence and against the advice of the hospital authorities and my attending physician. I have been informed by them of the dangers attendant on my leaving the hospital at this time. I assume all responsibility for any results caused by leaving the hospital prematurely, and I hereby release the hospital, its employees and officers, and my attending physician from all liability of whatsoever nature in the premises.

Signed .....

I hereby agree to hold harmless the ..... Hospital, its employees and officers, and my attending physician, from all liability of whatsoever nature, with reference to the discharge of the patient named above.

.....
(Husband, wife, parents, etc.)

Date .....

Witness .....

Note. If the patient refuses to sign such a statement, he cannot be forced to do so, legally, nor may his release be withheld until he signs. If this occurs, the form should be filled out, witnessed by the hospital personnel present, and the statement made on the form "signature refused."

MEDICAL NEWS

ILLINOIS

State Anesthesiologists Meeting.—The Illinois Society of Anesthesiologists will meet Oct. 5 in the Beaubian Room of the Prudential Building, Chicago. A social hour will be held at 5 p. m., with dinner at 6 p. m. and the program beginning at 7:30 p. m. Dr. Richard Foregger, director, department of anesthesiology, Marquette University School of Medicine, Milwaukee, Wis., will present "The Respiratory Valve." A business meeting will follow.

Chicago

Appoint Director of Medical Education.—Dr. Robert E. Slayton has been appointed director of medical education at St. Luke's Hospital. His duties are to strengthen and direct the educational program for the hospital intern and resident staff. Dr. Slayton previously was associated with St. Luke's as a resident in medicine from 1951 to 1953; he was a fellow in medicine at the Joslin Clinic, Boston, 1953-1954, and later became a lieutenant in the United States Navy.

Medical History Meeting.—An open meeting of the Society of Medical History of Chicago will be held at the Institute of Medicine Oct. 9 at 8 p. m. Program topics and speakers follow: "Concepts of Psychic Functions—East and West," Ilza Veith, Ph.D., associate professor of the history of medicine, University of Chicago; and "Franklin D. Roosevelt, the Common Cold, and American History," Dr. Noah D. Fabricant, clinical assistant professor of otolaryngology, University of Illinois College of Medicine.

Heart-in-Industry Conference.—The Chicago Heart Association, the Chicago Association of Commerce and Industry, and the Central States Society of Industrial Medicine and Surgery announce the fifth heart-in-industry conference, a memorial to Gustav Freund II, to be held Oct. 11 at the Morrison Hotel. The theme, "Living with Your Job," will be discussed by Philip M. Hauser, Ph.D., University of Chicago; Dr. Benjamin Boshes, Northwestern University; Dr. Roy R. Grinker, Michael Reese Hospital; Dr. Allen McLean, International Business Machines Corporation; Mr. S. DeWitt Clough, Chicago Heart Association; Dr. Edward C. Holmblad, Industrial Medicine Association; Mr. William F. Brown, U. S. Steel Corporation; and Mr. Norman G. Brodie, Ford Motor Company. Luncheon speakers include Dr. Robert Collier Page, consultant in manpower development, New York City; and Mr. Oscar Mayer, chairman of the board, Oscar Mayer and Company. For information write the Chicago Association of Commerce and Industry, 1 North La Salle, Chicago 2.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education, and public health. Programs should be received at least three weeks before the date of meeting.

MARYLAND

Personal.—The Royal Medico-Psychological Association of Great Britain has invited Dr. Leo Kanner, chief, children's psychiatric service, Johns Hopkins Hospital, Baltimore, to deliver the annual Maudsley Lecture in London, England, in November, 1958. Dr. Kanner will be the third psychiatrist for the West and the first child psychiatrist to be so honored.

General Practice Meeting.—The ninth annual scientific assembly of the Maryland Academy of General Practice will be held at the Tidewater Inn, Easton, Oct. 9-10. Nine category I credit hours will be given for attendance. The program includes the following topics by out-of-state speakers:

Toxemias of Pregnancy, Dr. Washington C. Winn, professor of clinical obstetrics, Medical College of Virginia, Richmond.

Approach to Fluid Balance and Blood Electrolytes, Dr. R. V. Kron, medical department, Mead Johnson Company, Evansville, Ind.

Vascular Disease in the Diabetic, Dr. Howard F. Root, physician-in-chief, Deaconess Hospital, Boston.

Surgery of Acquired Valvular Heart Disease and Results, Dr. Robert P. Glover, clinical professor of thoracic surgery, Hahnemann Medical College and Hospital, Philadelphia.

TB Case Finding, Diagnosis and Teatment for the General Practitioner, Dr. Julius Wilson, director of medical education, National Tuberculosis Association.

A panel discussion, "Diagnosis of Heart Disease," is scheduled. The banquet will be held Oct. 9. A ladies' program has been arranged. For information write the Maryland Academy of General Practice, 3722 Greenmount Ave., Baltimore 18, Md.

MASSACHUSETTS

Dr. Dana Honored.—Dr. George W. Dana, of Wellesley Hills, medical staff director of Boston's New England Center Hospital was named the first recipient of the Medical Achievement Travel award, presented by the Purdue Frederick Company of New York, pharmaceutical firm. The award, "for his distinguished contributions to postgraduate

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medical education," was made at a reception at the Barbizon Plaza Hotel in New York City. In announcing the award, Benjamin Schneider, president of the Purdue Frederick Company, said, ". . . The highlight of Dr. Dana's projected trip abroad will be a series of visits to medical meetings, seminars, teaching centers, hospitals and research facilities in England, France, Italy, and Sweden."

Personal.—Dr. James B. Dealy Jr., Newton, has been appointed radiologist-in-chief at Boston's Peter Bent Brigham Hospital, succeeding Dr. Merrill C. Sosman, who is currently on a visiting and lecture tour of Australia.——Dr. Patrick F. Butler, Boston, fellow emeritus of the American College of Radiology, was presented by Holy Cross College with an honorary doctor of science degree at recent commencement exercises in Worcester.——Dr. John J. Lorentz, of Methuen, has been appointed physician-in-charge of the Boston Dispensary Rehabilitation Institute and assistant professor of physical medicine and rehabilitation at Tufts University School of Medicine. Both are units of the New England Medical Center. Dr. Lorentz formerly was assistant medical director of the Bay State Medical Rehabilitation Clinic and the department of physical medicine of Massachusets General Hospital.

NEW YORK

Appoint Hospital Director.—Dr. George L. Warner, assistant director of Marcy State Hospital, has been appointed director of Craig Colony, state hospital for epileptics in Sonyea, Livingston County, succeeding Dr. William C. Johnston, who has returned to his former post in the department of correction. Dr. Warner has been at Marcy State Hospital for 14 years, serving as assistant director and acting director. He began his career with the state in 1923 at Marcy State Hospital, progressing through successive grades until his appointment as clinical director at Matteawan State Hospital for the Criminally Insane in 1931. In 1941 he became clinical director at Utica State Hospital, and two years later he transferred to Marcy. He is a diplomate of the American Board of Psychiatry and is currently president of the Mohawk Valley Neuropsychiatric Society.

Centers for Retarded Children.—A grant of $45,000 to establish the Buffalo Diagnostic and Counselling Study Center for Mentally Retarded Children has been announced. This center will be an integral part of the rehabilitation center of the Children's Hospital and Crippled Children's Guild. The Interdepartmental Health Resources Board, which has the responsibility of the initiation and development of health programs of interdepartmental concern, is promoting such centers. The Buffalo center is the first major clinic of its type to be established in the Upstate New York area. Complete evaluation, diagnosis, and treatment will be offered to children suspected of being or known to be mentally retarded. In addition to a complete medical and psychological diagnosis, an estimate will be made of their capabilities, with emphasis laid upon what the child may be able to do rather than on his disabilities. The center will also act as a consultation service to private physicians, social agencies, and schools and will cooperate with all agencies serving the mentally retarded child. Other features of the program will be teaching of undergraduate and postgraduate medical students, graduate physicians, nurses, psychologists, and social workers in modern techniques of treatment, evaluation, and diagnosis of mental retardation.

New York City

Public Health Positions Available.—The City of New York is seeking applicants to serve as senior public health physicians (District Health Administration) with its Department of Health. Physicians in these positions administer the community health services of a large health district, a health district with unusual or specialized problems, or a special public health program. New York City is divided into 30 public health districts. The larger districts are equivalent to cities of over 300,000 population. Candidates must be graduates of a school of medicine and must have one year of formal appointment as an intern in an approved general hospital. In addition, they must have a master's degree in public health and three years of full-time paid experience. Candidates who hold a licence to practice medicine in states other than New York will be required to obtain a New York State license by the end of the third month of their employment. The salary range for senior public health physicians is $11,200 to $13,600 a year. If conditions warrant, the Civil Service Commission may examine for these positions in such locations outside New York City as Boston, Chicago, Cleveland, and Washington, D. C. For information write Mr. Arnold de Mille, Director of Recruitment, The City of New York, Department of Personnel, 299 Broadway, New York 7, N. Y.

GENERAL

Undergraduate Essay Contest.—The American College of Chest Physicians announces the 1958 prize essay contest offering three cash awards: first prize, $500; second prize, $300; and third prize, $200. The contest is open to undergraduate medical students throughout the world. Essays may be written on any phase of the diagnosis and treatment of chest diseases (heart and/or lung). The contest closes April 15, 1958. For information write the American College of Chest Physicians, 112 E. Chestnut St., Chicago 11, Ill.

Winners of the 1957 contest and their subjects are as follows:

Henry Buchwald, Columbia University College of Physicians and Surgeons, New York City, "The Surgical Treatment of Coronary Heart Disease."

James T. Post, University of California Medical School, San Francisco, "The Incidence of Pulmonary Tumors in Mice Exposed to Aerosols of Therapeutic Agents."

Stephen A. Kieffer, University of Minnesota Medical School, Minneapolis, "A Trial Septal Defect: An Evaluation of Surgical Closure."

Anesthesiologists Meet in Los Angeles.—The annual meeting of the American Society of Anesthesiologists will be held Oct. 14-18 at the Hotel Statler, Los Angeles. An address will be given by Major General Paul I. Robinson, M. C., executive director, Office for Dependents' Medical Care, Washington, D. C., on Oct. 15. The following panel discussions are planned: Muscle Relaxants: The Changing Picture; Pediatric Care; Effectiveness of Mechanical Ventilators; Patient with Cardiac Disease as a Surgical Risk; Anesthesia and the Midbrain; Instrumentation Applicable to the Teaching and Clinical Practice of Anesthesiology; and Office Practice of Anesthesiology. Foreign speakers and their topics include Dr. Edith Simandl, Second Surgical University Clinic, Vienna, Austria, "Experience with Stellate Ganglion Block and Paravertebral Sympathetic Block Treatment in Sudeck's Disease," and Dr. Joachim Bark, Tubingen University, Tubingen, Germany, "Limiting Factors in Resuscitation." Motion picture sessions and exhibits are planned. A dinner-dance is scheduled for Oct. 17. For information write the American Society of Anesthesiologists, Inc., 188 W. Randolph St., Chicago 1.

Southwestern Medical Association Meets in El Paso.—The annual meeting of the Southwestern Medical Association will be held Oct. 9-11, with headquarters at the Hotel Paso del Norte, El Paso, Texas. Addresses will be given by Dr. Robert F. Thompson, president of the El Paso County Medical Society, and Dr. Celso C. Stapp, president of the association. Following are the guest speakers: Dr. William Parson, University of Virginia School of Medicine, Charlottesville; Dr. Oscar Creech Jr., Tulane University of Louisiana School of Medicine, New Orleans; Dr. E. E. Muirhead, Southwestern Medical School of the University of Texas, Dallas; Dr. Frederick C. Bost, president, American Academy of Orthopedic Surgeons; Dr. J. S. De Tar, past-president, American Academy of General Practice; Dr. Robert H. Hingson, Western Reserve University, Cleveland; Dr. Howard P. House, University of Southern California School of Medicine, Los Angeles; Dr. Phillip Thygeson, University of California School of Medicine, San Francisco; and Dr. Edward A. Banner, Mayo Clinic, Rochester, Minn. Scientific and technical exhibits are planned. The banquet will be held Oct. 11. A ladies' program has been arranged. Registration fee is $15. For information write Southwestern Medicine, Suite 700 Electric Building, El Paso, Texas.

Fellowships in Allergy.—The American Foundation for Allergic Diseases has announced the availability of postdoctoral fellowships in research and clinical allergy for two years each, with stipends as follows: first year, $4,500; second year, $4,750; laboratory and travel expenses for two-year period, $750. Candidates must be graduates of approved medical schools and must have completed one or two years of the graduate training required as a preliminary to certification by the Boards of Internal Medicine or Pediatrics; they are to devide their time between research and clinical training, and in the second year 10% or 15% of a candidate's time might be devoted to teaching. The respective institutions have taken the necessary steps to have this training credited toward the subspecialty in allergy by the Board of Internal Medicine and the Board of Pediatrics.

Requests for applications should be sent directly to one of the following, in whose field the candidate would like to work: Dr. Colin M. MacLeod, professor of Research Medicine, University of Pennsylvania, 820 Maloney Clinic, 36th and Spruce Streets, Philadelphia 4, Pa., or Dr. Herman N. Eisen, Professor of Medicine (Dermatology), Washington University School of Medicine, 600 South Kingshighway, Saint Louis 10, Mo. Applications should be filed no later than Dec. 15. Notification will be mailed to successful candiates by Feb. 1, 1958.

Military Surgeons Meeting in Washington, D. C.—The 64th annual convention of the Association of Military Surgeons of the United States will be held Oct. 28-30 at the Hotel Statler, Washington, D. C. Theme for the convention is "Professional Excellence—The Criterion of Military Medicine." The presidential address will be given by Col. Amos Koontz, M. C., National Guard, Maryland. Topics for the general sessions include disaster medicine and the challenge of peace in the Pacific. The following panel discussions will be held:

Medical Education in the Federal Services, moderated by Dr. Frank B. Berry, assistant secretary of defense (health and medical).

Surgery of the Large Intestine, with Brig. General Sam F. Seeley, M. C., U. S. Army, chief, professional division, Office of the Surgeon General, Washington, D. C., presiding.

Management of Patients with Coronary Artery Disease, a joint medical and surgical panel.

Training of Enlisted Medical Technicians, moderated by Dr. Russell A. Nelson, director, Johns Hopkins Hospital, Baltimore.

Medical motion pictures will be shown throughout the convention. An international luncheon ceremony will be held Oct. 29. Entertainment includes a U. S. Army Band Concert, Oct. 29, and a dinner-dance, Oct. 30. Scientific exhibits and a special ladies' program are planned. For information write the Association of Military Surgeons in the United States, Suite 718, New Medical Building, 1726 Eye St., N. W., Washington 6, D. C.

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Seek Identity of Slain Boy.—Police Commissioner Thomas J. Gibbons of Philadelphia believes that some physician in the United States might help solve a brutal murder case that has been baffling detectives of that city for more than seven months. Last Feb. 25 the nude body of a white boy 4 or 5 years old, wrapped in a cheap blanket, was found in a cardboard carton in an isolated section of Philadelphia. Multiple bruises indicated that death from head injuries occurred violently between 3 and 14 days before discovery of the body. The victim was 40½ in. tall, weighed 30 lbs., had crudely cut brown hair, blue eyes, a full set of baby teeth, neatly clipped finger and toe nails, and a small L-shaped scar under his chin.

Face of the dead child.

Dr. Joseph Spelman, medical examiner for Philadelphia, reports there also was a half-inch long crescentic scar on the righ side of the neck, and a short, well-healed hairline scar overlying the third interspace one and one-half inches to the left of the anterior midline. There were two small old hairline healed scars in the right femoral and right inguinal triangles which may represent surgical incisions, according to Dr. Spelman.

"We feel that the child might readily be recognized by a physician who has treated him," wrote Police Commissioner Gibbons in a letter to the American Medical Association. "It is possible that he was a resident of the Philadelphia area. However, the case has been so widely publicized here that this now seems doubtful. My purpose in writing is to appeal to you for assistance in publicizing this mysterious case nationally to the medical profession."

Physicians who may be able to supply a clue to the dead boy's identity are asked to notify Philadelphia detective headquarters (telephone MUnicipal 6-9700) or their local police department.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States, its territories and possessions in the weeks ended as indicated:

Area	Sept. 7, 1957 Paralytic Type	Sept. 7, 1957 Total Cases	Sept. 8, 1956 Total Cases
New England States			
Maine	..	1	2
New Hampshire	..	...	...
Vermont	..	1	...
Massachusetts	..	1	5
Rhode Island	..	...	...
Connecticut	..	3	6
Middle Atlantic States			
New York	4	12	42
New Jersey	1	9	25
Pennsylvania	..	1	10
East North Central States			
Ohio	1	10	46
Indiana	3	4	19
Illinois	6	32	103
Michigan	2	25	48
Wisconsin	2	16	39
West North Central States			
Minnesota	4	4	15
Iowa	1	7	51
Missouri	1	8	29
North Dakota	..	...	3
South Dakota	..	...	...
Nebraska	2	5	19
Kansas	..	4	19
South Atlantic States			
Delaware	..	...	2
Maryland	..	...	3
District of Columbia	7	7	2
Virginia	3	5	15
West Virginia	..	1	5
North Carolina	2	5	14
South Carolina	2	3	7
Georgia	1	2	28
Florida	2	7	16
East South Central States			
Kentucky	2	3	14
Tennessee	2	3	6
Alabama	..	...	3
Mississippi	..	2	12
West South Central States			
Arkansas	1	1	9
Louisiana	2	3	28
Oklahoma	4	8	6
Texas	9	22	47
Mountain States			
Montana	..	1	3
Idaho	..	1	6
Wyoming	1	1	7
Colorado	1	2	13
New Mexico	..	2	5
Arizona	..	...	8
Utah	2	3	8
Nevada	..	...	6
Pacific States			
Washington	2	2	17
Oregon	..	1	6
California	3	16	57
Territories and Possessions			
Alaska	1	1	...
Hawaii	2	2	2
Puerto Rico	3	4	1
Total	79	251	857

Pacific Coast Fertility Society.—The seventh annual meeting of the Pacific Coast Fertility Society will be held Nov. 7-10 at the El Mirador Hotel in Palm Springs, Calif. Scientific sessions will be devoted to presentations related to new advances in the management of clinical infertility. The meeting is open to all physicians and research workers. Registration fee is $10. There is no fee for interns, residents, or armed services medical officers. Program chairman is Dr. Albert L. Banks, 707 Broadway, Seattle. Advance registration may be made by writing to Dr. Edward T. Tyler, Secretary-Treasurer, 921 Westwood Blvd., Los Angeles 24, Calif.

Midwest Physicians Meeting.—The midwest regional meeting of the American College of Physicians will be held Oct. 12 at Lincoln Hall, University of Illinois, Urbana–Champaign. A total of 21 papers are scheduled for presentation, including "Reversible Hypertension and Unilateral Renal Artery Disease," by Dr. Derek D. Gellman, Berkeley Fellow, Middlesex Hospital, London, England. Dr. Richard A. Kern, president, American College of Physicians, will speak on "Some Personal Observations in the Near and Middle East" at the dinner at the Urbana–Lincoln Hotel. A program of ladies' entertainment has been arranged. For information write Dr. B. Smith Hopkins Jr., 602 W. University Ave., Urbana, Illinois.

Audiology and Speech Fellowships.—Establishment of two fellowships in audiology and speech at Northwestern University, Evanston, Ill., has been announced by the American Hearing Society, its member agency, the St. Paul Hearing Society, and the university. The training program will be geared to preparing qualified persons for work in local hearing societies. The fellowships, made possible by a bequest from the Myers Foundation of St. Paul, Minn., are to be known as the Reine Humbird Myers Fellowships. Each fellowship will pay $3,000 a year for two years. For information write Mr. Crayton Walder, executive director, American Hearing Society, 1800 H St., N. W., Washington 9, D. C., or to Raymond Carhart, Ph.D., School of Speech, Northwestern University, Evanston, Ill.

CANADA

University Survey of General Medical Practice.—A study of general medical practice in Canada is being carried out by the School of Hygiene of the University of Toronto with aid from a Rockefeller Foundation grant of about $115,500 available over a two-year period.

The study, already begun, is employing many of the techniques, such as personal interviews, direct observation of the work of the participating physicians, and statistical methods, developed in a similar study at the University of North Carolina, Chapel Hill. Because of great variations in population density, economic prosperity, medical practice habits, and methods of payment for medical care in different parts of Canada, however, the University of Toronto study will be conducted on a Dominion-wide basis. The program has been divided into stages, the first of which, limited to the Province of Ontario, is already well advanced.

In its survey the university examines the type and volume of illness treated by general medical practitioners. The university also intends to study the types of practice found in several areas in an effort to determine the type of family doctor needed in the diverse economic and geographic regions of Canada. The project has the backing of the Canadian Medical Association and Canadian College of General Practice, and the financial support of the Canadian Department of Public Health and the Canadian Life Insurance Officers' Association.

LATIN AMERICA

Yellow Fever Virus in Panama.—The Government of Panama has informed the Pan American Sanitary Bureau, World Health Organization, that the virus of yellow fever has been isolated from a batch of *Haemagogus lucifer* mosquitoes captured in Peñas Balces, Province of Colón. This locality is near the Trans-Isthmian Highway, 20 miles southeast of the city of Colón.

FOREIGN

Dr. Guleke Honored.—The International College of Surgeons has conferred upon Prof. Dr. Nicolai Guleke, professor emeritus of the University of Jena, Germany, and former professor of the Surgical University Clinic, Marburg, Germany, the designation of "Master Surgeon." Only five others have been given this distinction in the College's 22 years of existence. Prof. Guleke developed operations for rectal cancer, joint diseases, and tumors within the chest. The honor was announced at ceremonies which climaxed the recent congress of the U. S. and Canadian Sections of the college.

European Federation of Surgeons.—Two meetings of the newly formed European Federation, International College of Surgeons, have been announced. One will be held in Vienna Oct. 18-20 and the other during the World's Fair in Brussels May 15-18, 1958. The Vienna congress will be under the direction of Prof. Dr. Felix Mandl and Prof. Dr. Leopold Schonbauer, of the surgical department, University of Vienna. The meeting will bring together the German, Austrian, Dutch, Swiss, and other sections. About 75 papers will be presented. Sessions will be held in Billroth–Haus, Vienna. Nine surgeons will participate in a symposium on "Surgery of Athletic Injuries." Scientific themes will include "Diseases of Connective Tissues," "Modern Therapy of Malignancies," "Errors in Diagnosis and Therapy," "Bone Tumors," and "Contrast Visualiza-

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tions of Internal Organs, Their Value and Dangers." Entertainment will include a reception in City Hall, a visit to the opera, and tours. Inquiries about scientific matters should be addressed to Dr. Felix Mandl, Reichsratsstrasse 11, Vienna I.

The Brussels congress will bring together the Austrian, Belgian, English, Finnish, French, German, Greek, Italian, Dutch, Spanish, Swiss, and Turkish sections. The meeting will be under the auspices of the Belgian section and the direction of Prof. Dr. John Henri Oltramare, of the University of Geneva and director of the European Federation, and Drs. Leopold Lambert, André Sondervost, and G. F. Van Keerbergen, president, secretary, and vice-president, respectively, of the Belgian section. For information write the Secretariat, International College of Surgeons, 1516 Lake Shore Drive, Chicago 10, Ill.

DEATHS IN OTHER COUNTRIES

Sir Charles Read.—The president of the Royal College of Obstetricians and Gynecologists, Sir Charles Read, was taken ill aboard his yacht recently and died soon after reaching a hospital in Dartmouth, England. Sir Charles was appointed president of the Royal College of Obstetricians and Gynecologists in 1955 and was reelected this year. He was an honorary fellow of the American Association of Obstetrics, Gynecology, and Abdominal Surgeons and the American Gynecological Society. Over a period of years he had instructed medical students at Charing Cross Hospital and Medical School and other institutions, and postgraduate students at Hammersmith and Chelsea Hospital for Women. Born in Dunedin, New Zealand, Sir Charles studied at the University of Otago, Dunedin, and the Otago Medical School, where he won honors in clinical medicine.

EXAMINATIONS AND LICENSURE

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS: *Part I.* Various Centers, Sept. 3-4. Sec., Dr. John B. Hubbard, 133 South 36th St., Philadelphia 4.

MEDICAL SPECIALTY BOARDS

AMERICAN BOARD OF ANESTHESIOLOGY: *Oral.* Washington, Oct. 28-Nov. 1. Various locations in the United States and Canada, July 18. Final date for filing application is Jan. 18. Sec., Dr. Curtiss B. Hickcox, 80 Seymour St., Hartford 15.

AMERICAN BOARD OF DERMATOLOGY: *Oral.* Baltimore, Oct. 11-13. Final date for filing application was April 1. Sec., Dr. Beatrice Maher Kesten, One Haven Ave., New York 32.

AMERICAN BOARD OF INTERNAL MEDICINE: *Written.* Oct. 21. *Oral.* Los Angeles, Sept. 11-14. Final date for filing applications was Feb. 1. Exec. Sec., Dr. W. A. Werrell, 1 West Main St., Madison 3, Wis.

AMERICAN BOARD OF NEUROLOGICAL SURGERY: Examination given twice annually, in the spring and fall. In order to be eligible a candidate must have his application filed at least six months before the examination time. Sec., Dr. Leonard T. Furlow, Washington University School of Medicine, St. Louis 10.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY. Various locations in the United States and Canada. *Part I.* Jan. 2. *Part II.* Chicago, May 7-17. Final date for filing application is September 1. Sec., Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6.

AMERICAN BOARD OF OPHTHALMOLOGY: *Oral.* Chicago, Oct. 7-11. *Written.* January 1958. Final date for filing application was July 1. Sec., Dr. Merrill J. King, Box 236, Cape Cottage Branch, Portland 9, Maine.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: *Part I.* April 3-4, Rochester, Minnesota, Denver, Colorado, Washington, D. C. Final date for filing application is Nov. 30. *Part II.* New York City, Jan. 29-31, 1958. Sec., Dr. Sam W. Banks, 116 South Michigan Avenue, Chicago 3.

AMERICAN BOARD OF OTOLARNGOLOGY: Chicago, Oct. 7-11. Final date for filing application was in April. Sec., Dr. Dean M. Lierle, University Hospitals, Iowa City.

AMERICAN BOARD OF PATHOLOGY: *Oral and Written. Pathologic Anatomy and Clinical Pathology.* New Orleans, Sept. 26-28. Final date for filing application is August 15. Sec., Dr. Edward B. Smith, Indiana University Medical Center, Indianapolis 7.

AMERICAN BOARD OF PEDIATRICS: *Oral.* Chicago, Oct. 11-13. Sec., Dr. John McK. Mitchell, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PLASTIC SURGERY: *Oral and Written Examination.* San Francisco, Oct. 31-Nov. 2. Final date for filing case reports was July 1. Corresponding Sec., Miss Estelle E. Hillerich, 4647 Pershing Ave., St. Louis 8.

AMERICAN BOARD OF PREVENTIVE MEDICINE: *In Public Health. Oral and Written.* Cleveland, Nov. 7-9. Sec., Dr. Thomas F. Whayne, 3438 Walnut St., Philadelphia.

AMERICAN BOARD OF PROCTOLOGY: *Oral and Written. Parts I and II.* September. Sec., Dr. Stuart T. Ross, 520 Franklin Ave., Garden City, N. Y.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: New York, Dec. 16-17. San Francisco, March 17-18. Sec., Dr. David A. Boyd, Jr., 102-110 Second Ave., S. W., Rochester Minn.

AMERICAN BOARD OF RADIOLOGY: Washington, Sept. 23-28. Final date for filing application was June 1. Chicago, May 20-24. Final date for filing application is Jan. 1, 1958. Sec., Dr. H. Dabney Kerr, Kahler Hotel Bldg., Rochester, Minn.

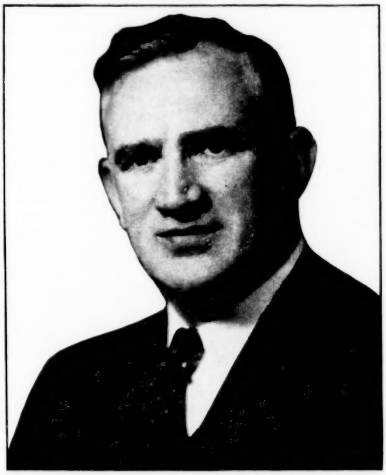
AMERICAN BOARD OF SURGERY: *Part II.* Buffalo, Sept. 23-24; New Haven, Oct. 21-23; Indianapolis, Nov. 18-19; Cincinnati, Dec. 16-17; New Orleans, Jan. 13-14; Durham, N. Car., Feb. 10-11; Baltimore, March 10-11; Chicago, May 12-13; Los Angeles, June 16-17 and Portland, Oregon, June 20-21. Sec., Dr. John B. Flick, 22 So. 15th St., Philadelphia 2.

AMERICAN BOARD OF UROLOGY: *Written examination.* Various cities throughout the country. *Pathology and Oral Clinical.* February 1958. Location not decided. Exec. Secretary, Mrs. Ruby L. Griggs, 30 Westwood Road, Minneapolis 16.

BOARD OF THORACIC SURGERY: *Written.* Various centers throughout the country, Sept. 6, and the closing date for registration was July 1, 1957. Sec., Dr. William H. Tuttle, 1151 Taylor Ave., Detroit 2.

DEATHS

Fitzgibbon, John Harold ✱ Trustee of the American Medical Association from 1945 to 1950, died at his home in Portland, Ore., Sept. 5, aged 63. Dr. Fitzgibbon was born in Portland Jan. 26, 1894. In 1921 he graduated from Rush Medical College in Chicago, where he served an internship at the Presbyterian Hospital. He then began the private practice of medicine, joining the faculty of the University of Oregon Medical School as assistant clinical professor of medicine and served as chief of the division of gastroenterology, later becoming clinical professor of internal medicine and head of the division of gastroenterology. Dr. Fitzgibbon was a member of the House of Delegates of the American Medical Association from 1936 to 1943, when he became a member of its Council on Medical Service and Public Relations, serving as chairman in 1944-1946. A specialist certified by the American Board of Internal Medicine, he was a life member of the American College of Physicians, a fellow of the American Gastroenterological Association, a member of the North Pacific Society of Internal Medicine, of which he was past-president, the American Gastroscopic Club, serving as president 1946-1947, Pacific Interurban Clinical Club, the International Society of Gastro-Enterology, Portland Academy of Medicine, Japan Medical Association, Beta Theta Pi, Nu Sigma Nu, and Sigma Xi. For many years Dr. Fitzgibbon was a member of the Council of the Oregon State Medical Society, and from 1942 to 1947 he was a member of the board of trustees of the National Physicians Committee. He was a member of the staffs of St. Vincent's, Providence, and Multnomah County hospitals and consulting gastroenterologist for the Veterans Administration Hospital. Since 1947 Dr. Fitzgibbon was president of the Clackamas Broadcasters, Inc., (KGON).



JOHN H. FITZGIBBON, M.D.
1894-1957

✱ Indicates Member of the American Medical Association.

Comfort, Mandred Whitset ✱ Rochester, Minn.; born in Hillsboro, Texas, June 10, 1895; University of Texas School of Medicine, Galveston, 1921; served on the faculty of his alma mater; came to Rochester, Minn., on July 1, 1923 as a fellow in neurology of the Mayo Foundation; in 1926 received the degree of master of science in neurology from the University of Minnesota; on July 1, 1928 appointed to the staff of the Mayo Clinic as a consultant in medicine and since 1952 a member of the board of governors of that institution; became an instructor in medicine in the Mayo Foundation, Graduate School, University of Minnesota, in 1928, and was advanced to the grade of assistant professor in 1934, associate professor in 1941 and professor in 1946; specialist certified by the American Board of Internal Medicine; fellow of the American College of Physicians; member of the American Gastroenterological Association of which he was second vice president in 1955 and in 1957 was chosen president of that organization; member of the central committee for the World Congress of Gastroenterology which met in Washington, D. C., in May 1957; member of the Southern Minnesota Medical Association, Minnesota Society of Internal Medicine, Central Society for Clinical Research, Association of American Physicians, the Alumni Association of the Mayo Foundation, the Alpha Omega Alpha medical honor society and the Alpha Kappa Kappa professional medical fraternity; in 1951 served as president of the Mayo Foundation chapter of the Society of the Sigma Xi; one of two authorities selected to give the ninth annual Dr. Max Ballin Memorial Lectures at the Detroit Institute of Arts in 1941; from 1946 to 1950, and again after 1952 a consultant to the National Cancer Institute; received the honorary degree of doctor of laws from Austin College, Sherman, Texas, in 1954; died in St. Mary's Hospital Aug. 7, aged 62, of coronary disease.

Lockwood, Ira Hiram ✦ Kansas City, Mo.; born in Storm Lake, Iowa, Nov. 29, 1885; Hahnemann Medical College and Hospital, Chicago, 1909; specialist certified by the American Board of Radiology and served as a trustee and at one time president; chairman, 1951-1952 and vice chairman, 1950-1951, Section on Radiology, American Medical Association; received the gold medal award from the American College of Radiology, of which he was president, and chairman of the board of chancellors; past-president of the Radiological Society of North America and recipient of its award of merit for original scientific investigation or roentgenologic examination of the breast; president of the Jackson County Medical Society in 1938; fellow of the International College of Surgeons; member of the American Roentgen Ray Society, American Radium Society, and the Industrial Medical Association; veteran of World War I; formerly member of the state board of health; incorporator of the Kansas City Blue Cross Plan in 1938 and of the Blue Shield Plan five years later; first president of the Blue Shield serving from 1943 to 1953 and member of its executive committee of the board of directors and that of Blue Cross, became a radiologist at St. Luke's Hospital and a short time later became head of the department of radiology and director of radiology at the clinic, Research Hospital; consultant radiologist, Kansas City General Hospital number one and two; radiologist, Children's Mercy Hospital, Kansas City, Mo., John Fitzgibbon Memorial Hospital, Marshall, Olathe (Kan.) Community Hospital, Cushing Memorial Hospital, Leavenworth, Kan., Rothwell Memorial Hospital, Sedalia, and Smithville (Mo.) Community Hospital; area consultant, Veterans Administration; died July 29, aged 72, of coronary sclerosis.

Murray, Alexander, Colonel, U. S. Army, retired, Los Angeles; born in 1874; Columbian University Medical Department, Washington, D. C., 1902; service member of the American Medical Association; fellow of the American College of Surgeons; commissioned in the U. S. Army in 1902; served in Panama, during construction of the Canal; also in Alaska; served in the Philippines during the insurrection, again as commander of Sternberg General Hospital, and again as department surgeon; was division surgeon of the 40th Infantry Division in World War I and was recalled to active duty for service at the University of Buffalo in World War II; at the time of his retirement in 1938 was in command of the General Dispensary, War Department, Washington, D. C.; died in Pasadena, Calif., July 29, aged 83, of myocardial infarction.

Sohler, Theodor Paul ✦ New Haven, Conn.; born in Wilhelmshaven, Germany, Sept. 4, 1911; Albert–Ludwigs–Universität Medizinische Fakultät, Freiburg, Baden, Germany, 1938; specialist certified by the American Board of Psychiatry and Neurology; member of the American Psychiatric Association and the Association for Research in Nervous and Mental Diseases; served on the faculty of Yale University School of Medicine; at one time clinical psychiatrist of the Connecticut State Commission on Alcoholism in Hartford; served as chief of the neuropsychiatric service at the Veterans Administration Hospital in Newington; on the staff of the Meriden (Conn.) Hospital; for many years on the staff of the Grace–New Haven Hospital; died July 19, aged 45.

Young, Charles Augustus ✦ Roanoke, Va.; born in 1889; University of Maryland School of Medicine and College of Physician and Surgeons, Baltimore, 1914; specialist certified by the American Board of Ophthalmology; member of the American Academy of Ophthalmology and Otolaryngology, American Ophthalmological Society, and the Association for Research in Ophthalmology; past-president of the Roanoke Academy of Medicine and the Virginia Society of Ophthalmology and Otolaryngology; veteran of World Wars I and II; on the staffs of the Lewis–Gale, Jefferson, Roanoke Memorial, and Shenandoah hospitals; consultant, Veterans Administration Hospital; died July 25, aged 67, of carcinoma of the colon.

Pruitt, Marion Columbus ✦ Atlanta, Ga.; born Nov. 20, 1885; Atlanta School of Medicine, 1911; specialist certified by the American Board of Surgery and the American Board of Proctology; member of the American Proctologic Society; fellow of the American College of Surgeons; past-president of the Fulton County Medical Society; in 1942 member of the House of Delegates of the American Medical Association; veteran of World War I; served on the faculty of Emory University School of Medicine; on the staffs of the Grady Memorial, St. Joseph, Georgia Baptist, and Crawford W. Long Memorial hospitals; died July 16, aged 71, of coronary thrombosis.

York, James Arthur, Baltimore; born in Rose, Tenn., July 31, 1893; Johns Hopkins University School of Medicine, Baltimore, 1923; member of the Medico-Chirurgical Faculty of Maryland; served as president of the board of Randolph–Macon Woman's College in Lynchburg; formerly trustee of the Randolph Macon College in Ashland; veteran of World War I; served on the staffs of the Hospital for the Women of Maryland, Johns Hopkins, Union Memorial, Mercy, St. Joseph, South Baltimore General, and Bon Secours hospitals, and the Church Home and Infirmary; died in Friendship, Md., July 20, aged 63, of carcinoma of the stomach.

Aiken, Ralph Charles ✦ Blue Island, Ill.; Northwestern University Medical School, Chicago, 1921; member of the American Academy of General Practice; formerly executive secretary of the Illinois Academy of General Practice; secretary of the Southern Cook County Branch of the Chicago Med-

ical Society; served as vice-president of the Blue Island Chamber of Commerce; on the staffs of Ingalls Memorial Hospital in Harvey and St. Francis Hospital, where he died Aug. 1, aged 66, of heart disease.

Quay, William Hendricks, Wilkes-Barre, Pa.; Western Pennsylvania Medical College, Pittsburgh, 1894; an associate member of the American Medical Association; veteran of the Spanish–American War; medical examiner for the selective service boards during World Wars I and II; formerly practiced in Meadville, where he was on the staffs of the City and Spencer hospitals; served on the staff of the Titusville (Pa.) Hospital; died in Bloomsburg, July 7, aged 86.

Shaver, William Trantham, Albemarle, N. C.; University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1919; member of the Southeastern Surgical Congress; fellow of the American College of Surgeons; served as president of the Stanly County Medical Society and the Seventh District Medical Society; veteran of World War I; on the staff of the Stanly County Hospital; surgeon for the Southern Railway; died July 16, aged 63, of heart disease.

Averill, Zelpha Walker, Mansfield, Ohio; Laura Memorial Woman's Medical College, Cincinnati, 1897; served on the board of the Mansfield General Hospital; died July 20, aged 84.

Baker, Bryant Orland ✦ Dallas, Texas; Baylor University College of Medicine, Dallas, 1938; member of the American Academy of General Practice; died July 24, aged 56, of acute myocardial infarction and coronary arteriosclerosis.

Banks, Eldridge James ✦ Ellisville, Miss.; Memphis (Tenn.) Hospital Medical College, 1905; died in Jackson July 29, aged 85.

Barnett, Spurgeon Hemperley, Little Rock, Ark.; St. Louis College of Physicians and Surgeons, 1917; Kansas City (Mo.) College of Medicine and Surgery, 1920; died July 16, aged 71.

Barshay, Bernard, Castle Point, N. Y.; Tufts College Medical School, Boston, 1927; service member of the American Medical Association; specialist certified by the American Board of Pathology; member of the College of American Pathologists and the American Society of Clinical Pathologists; chief of the laboratory service, Veterans Administration Hospital, where he died May 16, aged 54, of coronary occlusion.

Christie, Ralph Conklin, Long Beach, Calif.; University of Nebraska College of Medicine, Omaha, 1909; an associate member of the American Medical Association; veteran of World War I; formerly member of the city council and of the city water commission; died Aug. 2, aged 74, of cancer.

Farnham, Waldo Clay, St. Petersburg, Fla.; Northwestern University Medical School, Chicago, 1910; veteran of World War I; died in the Mound Park Hospital June 24, aged 75, of myocardial infarction and coronary thrombosis.

Farrage, James H., Santa Ana, Calif.; University of Louisville (Ky.) Medical Department, 1911; an associate member of the American Medical Association; on the staff of the Santa Ana Community Hospital; died in St. Joseph Hospital June 6, aged 78, of cerebral thrombosis.

Guy, Robin Jefferson, Paynesville, Mo.; St. Louis College of Physicians and Surgeons, 1910; died June 13, aged 69.

Hawks, Edwin Andrew Jr., Tulsa, Okla.; Washington University School of Medicine, St. Louis, 1895; died May 30, aged 83, of a heart attack.

Hersohn, William Wolfe ✦ Atlantic City, N. J.; Jefferson Medical College of Philadelphia, 1933; specialist certified by the American Board of Pathology; member of the College of American Pathologists and the American Society of Clinical Pathologists; veteran of World War II; associated with the Atlantic City Hospital and the Shore Memorial Hospital in Somers Point, where he died July 17, aged 56, of acute myocardial infarction.

Howell, Harriett, San Jose, Calif.; Hahnemann Hospital College of San Francisco, 1896; died June 25, aged 82.

Laroche, Armand ✦ Rutland, Mass.; University of Montreal Faculty of Medicine, Montreal, Quebec, Canada, 1922; member of the American Trudeau Society; assistant superintendent, Rutland State Sanatorium; died in the Kerbs Memorial Hospital, St. Albans, Vt., July 6, aged 60, of emphysema and renal tuberculosis.

Lesem, Alexander Marx ✦ San Diego, Calif.; College of Physicians and Surgeons, Los Angeles, 1914; served as city and county health officer; died July 16, aged 77, of a heart attack.

Loftus, Michael Emmet, Indianapolis; Louisville (Ky.) Medical College, 1904; died July 23, aged 77, of a heart attack.

McCartin, John Edward, Boston; Tufts College Medical School, Boston, 1908; on the staff of the Massachusetts General Hospital; died June 22, aged 78, of coronary occlusion.

McGuire, Roy Alvin ✦ Fairfield, Iowa; State University of Iowa College of Medicine, Iowa City, 1908; member of the American Academy of General Practice; past-president of the Jefferson County Medical Society; formerly practiced in Brighton, where he was mayor and a member of the school board; member of the school board in Fairfield; died July 19, aged 76.

V 16
1957

FOREIGN LETTERS

CANADA

Aseptic Meningitis with Rubelliform Rash.—In 1956, Toronto virologists described the occurrence of 96 cases of aseptic meningitis, in about half of which a virus was probably involved. In the *Canadian Medical Association Journal* (**77**:1, 1957) they report a further outbreak in Toronto and vicinity in 1956. There were 115 cases in children, and the most interesting clinical feature was the presence of a rubelliform rash in 50. Many other children were treated at home, and some adults were also affected, with an encephalitis occurring in most. The cell count in the spinal fluid was unusually high, with many neutrophils in the differential count, but the fluid was sterile. The condition seems to be new in Toronto, and some cases were probably due to a virus related to Echo virus type 9. Strains isolated by tissue culture were pathogenic for suckling mice and caused myositis. They were not neutralized by antiserums to viruses of Coxsackie types A9 or B1-5.

Parotitis with Herpangina.—Howlett and Somlo reported four cases of what they considered a new entity, parotitis and herpangina associated with the presence of Coxsackie virus, group A (*Canad. M. A. J.* **77**:5, 1957). The patients had a parotitis, fever, and herpetiform lesions in the mouth and throat. In all four cases the presence of Coxsackie virus was demonstrated in throat washings, and in two cases in the stool as well, by the characteristic lesions produced in suckling mice that had developed paralysis and myositis. No evidence of mumps or herpes virus infection was found.

Fluoridation Ruled Illegal.—The Supreme Court has ruled that metropolitan Toronto cannot add fluorine compounds to the water it supplies to 13 municipalities. The argument began when one of the municipalities, Forest Hill, sued Toronto, which was proposing to fluoridate the water. The first local decision was that the senior authority was perfectly entitled to do so, but the Ontario Appeal Court reversed this decision, and when Toronto carried its case to the Supreme Court the latter endorsed the Ontario Appeal Court's decision by five to two. The majority decision says that the new Metropolitan Toronto bylaw is not aimed at making the supply of water more pure and wholesome but is designed "to cause the inhabitants of the Metropolitan area, whether or not they wished to do so, to ingest daily small quantities of fluoride in the expectation that this will render great numbers of them less susceptible to tooth decay." Hence the bylaw is considered to have exceeded the powers conferred by the Ontario legislature. This raises the question as to whether other Ontario municipalities that have already fluoridated their water are acting beyond their legal powers. The situation could be put right by fresh legislation at the next session of the Ontario Provincial Parliament.

Voluntary Hospital and Medical Insurance.—At the end of 1955, about 6,700,000 persons, or nearly 43% of the Canadian population, had some form of voluntary hospital insurance, and 5,800,000, or 37%, of the population had medical insurance contracts to assist in paying for physicians' services. The hospital insurance figures must be read in conjunction with the fact that in four provinces there are public hospital schemes run by province and/or municipality and covering most of the population, so that voluntary coverage there is confined either to persons not eligible to participate in the provincial scheme or to those wishing additional benefits such as private ward care. Thus, though the rate of growth of membership in voluntary schemes has flattened out in recent years, it still continues. The percentage increases in membership during 1955 were as follows: nonprofit hospital insurance 6%, private hospital insurance 8%, nonprofit medical insurance 16%, and private medical insurance 8%. Ontario is the leading province as regards percent of population covered, both in voluntary hospital insurance (71%) and in medical care insurance (51%).

The Smoker's Lung.—Hamilton and co-workers (*Canad. M. A. J.* **77**:177, 1957) made histological sections of the bronchial mucosa from autopsy material. Classification was made as to nonsmokers, smokers, and those with bronchogenic carcinoma. (In the last group the lung opposite to that affected by the tumor was sectioned.) They observed the following five types of morphologic change in the lining epithelium of the bronchi: basal cell hyperplasia, stratification, squamous metaplasia, transitional metaplasia, and intermediate change. The most significant difference between the three groups was that basal cell hyperplasia was present in 80% of patients with carcinoma, 86% of smokers, and only 40% of nonsmokers. It is impossible to say whether this change is due to smoking or is even

The items in these letters are contributed by regular correspondents in the various foreign countries.

precancerous, though it certainly suggests that something has caused an altered growth and maturation pattern in the epithelium.

Symposium on Fluothane.—The July issue of the *Canadian Anaesthetists' Society Journal* contains a symposium on the newly studied fluorinated hydrocarbon, Fluothane (2-bromo-2-chloro-1,1,1-trifluoroethane), a volatile anesthetic. This drug has been tried in several cities. Chang and co-workers used it as an anesthetic in 310 patients, in 120 with a closed and in 190 with a semiclosed technique. Induction was either by thiopental intravenously or by gas, oxygen, and Fluothane by mask. The chief advantages of the drug are that it is noninflammable and nonexplosive and does not cause respiratory irritation. It reduces bleeding and allows good control of respiration. Recovery is moderately rapid and postoperative vomiting rare. However, it does cause cardiovascular depression, often severe, and also respiratory depression, and it may cause cardiac arrhythmias. Relaxation is only moderate, and the drug is incompatible with epinephrine.

After using it on 1,112 patients in Quebec City, Hudon found that it gave a pleasant induction and led to no anxiety provided it was administered smoothly and without a sudden increase in concentration, which can cause cardiac depression and dangerous hypotension. The absence of bronchoconstriction, laryngospasm, and excessive bronchial secretion aids pulmonary ventilation. It decreases capillary oozing and seems to combat shock. MacKay of Toronto used it on 203 patients and found that it could be used by the open drop method for mass casualties. He strongly recommends avoidance of a closed method and finds the use of a continuous flow nonrebreathing circuit (nitrous oxide and oxygen) with a temperature compensated vaporizer, the Fluotec, most satisfactory. Other reports drew attention to the value of Fluothane in pediatric anesthesia and in neurosurgery.

Is Tonsillectomy Always Justified?—Le Riche and Stiver (*Canad. M. A. J.* **77**:109, 1957) made a statistical study of the tonsillectomies performed on subscribers to a nonprofit medical care plan in Ontario over a six-month period. There were 4,281 cases, and the annual tonsillectomy rate per 1,000 participants in 12 counties was found to vary between 29.0 and 3.5 (average 19.8). Another study showed that the rate was no higher in subscribers than among those not covered by insurance and that more rural than urban patients lost their tonsils. Because of the great variation in rates by county, the authors examined the preoperative and postoperative histories of 1,000 patients, mostly children, to see whether they were any healthier after the operation. There was a marked reduction in physicians' calls for nasal and pharyngeal infections in the year after operation. On a basis of calls for acute pulmonary infections, 54% of the patients appeared to have benefited. No benefit was found in patients with allergic rhinitis. In 135 patients, there was no preoperative history of pulmonary or pharyngeal disease, and it is concluded that the tonsils were removed because of their appearance.

DENMARK

Treatment of Alcoholism.—Five articles in *Ugeskrift for læger* for June 6 and July 4, 1957, throw some light on what is being done to combat alcoholism. Dr. I. Venge gives an account of the ambulatorium and the sanatorium which have been in operation since April, 1953. The ambulatorium is attached to the Copenhagen City Hospital, and the sanatorium is established at Jaegersborg. The two are under the same chief and are served by the same staff. Disulfiram is given to all patients, the only contraindication being some serious disease such as uncompensated or severe heart disease. Venge believes too much must not be hoped for from psychotherapy, especially when applied on any wholesale scale. The best form of psychotherapy is by means of a close association between the patient and a social worker acting as a custodian under the supervision of a psychiatrist. More than 33% of the author's patients show improvement, a higher rate than is observed in the treatment of other neurotic and psychopathic conditions. Dr. L. M. Sonne reports on the work of the psychiatric department of the Bispebjerg Hospital to which 610 alcoholics were admitted in 1955. While 28% of the male psychiatric patients admitted were the victims of alcoholism, this was so with barely 5% of the women. In 33% there was a history of attempted suicide.

Cancer of the Lung.—The thoracic surgery department of the Oresund Hospital in Copenhagen issued a study by Dr. C. M. Smidt entitled "The Diagnosis of Lung Cancer." A comparison of the symptoms of the 172 patients found to be suffering from lung cancer with symptoms of 823 other patients not suffering from cancer has led to the conclusion that in its early stage lung cancer presents no specifically characteristic symptoms. Such roentgenographic changes as atelectasis in a patient of the lung cancer age may be suggestive but none of these changes can be said to be pathognomonic of lung cancer. Bronchography is a useful supplement to the diagnosis of lung cancer, but by itself it does not warrant either the confirmation or the invalidation of such a diagnosis. In Smidt's material there were 77 patients in whom the diagnosis of lung cancer could not be confirmed or ruled out by a combination of tests. They were therefore subjected to an exploratory thoracotomy. Thirty-two patients were found to have lung cancer.

V 16
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ISRAEL

Poliomyelitis.—A dramatic drop in the incidence of poliomyelitis was recorded in June, 1957, as compared with June, 1956—6 cases and no deaths as compared with 64 cases and 3 deaths; in May, 1957, there were 4 cases and no deaths compared with 26 cases and 3 deaths in May, 1956. While Ministry of Health sources are still cautious about attributing this decline to the national Salk vaccine program, there is an unmistakable feeling of quiet jubilation among its officials. A breakdown of the first six months of this year as compared to 1956 shows 10 cases in January as compared with 10 cases and one death in January, 1956; February, no cases as compared with 4 and one death; March, 3 cases as compared with 4 and one death; and April, no cases compared with 8 and one death. Of the children who contracted the disease this June, only one had been inoculated with Salk vaccine.

Hearing Tests on School Children.—E. Korine (*Harefua* **52**:262, 1957) reported a series of 17,000 audiometric hearing tests in school children. Hearing loss in children is not always noticed by the parent or the teacher, but the child with defective hearing is severly handicapped in his studies or may be wrongly accused of laziness. The results of these tests showed that 7% of the school children suffered from loss of hearing; 5% needed medical treatment for such conditions as otitis media, adenoiditis, and tonsillitis. One in a 1,000 needed rehabilitation through lip reading and hearing aids. These findings are almost identical with those of the United States and England. It may be assumed that, of Israel's 300,000 school children, about 15,000 need otological treatment and supervision for loss of hearing.

Idiosyncrasy to Meprobamate.—E. Davis (*Harefuah* **53**:37, 1957) reported two cases of hypersensitivity occurring during meprobamate medication. Both cases are outstanding, because after the patients had taken only one tablet of 400 mg. of meprobamate, an allergic reaction occurred in the form of generalized urticaria in the first patient four hours and in the second five hours after the tablet was taken. After four days, the reaction subsided without specific therapy. One of the patients had a history of allergy to penicillin, and the second had had allergic reactions to various medicaments. These two reactions appeared among 20 patients treated with the drug.

Cortisone in the Treatment of Sterility.—According to Polishuk and Hochstaedt (*Harefuah* **53**:57, 1957), the increased production of androgenic hormones by the adrenal cortex, as seen in the adrenogential syndrome and related conditions, impairs the menstrual mechanism by a direct effect on the endometrium and by depressing the pituitary gonadotropic hormones, thus causing amenorrhea, nonovulatory cycles, or corpus luteum deficiencies. In patients complaining of sterility, cortisone has been given to inhibit stimulation of the adrenal cortex, decrease androgen production, and permit a normal relationship between the pituitary gonadotropins and the ovaries. Eleven patients were selected for treatment with cortisone according to the following criteria: (1) sterility of over two years' duration, (2) presence of ovarian dysfunction (amenorrhea, nonovulatory cycles, or corpus luteum defects), (3) clinical signs of masculinization, and (4) increased excretion of 17-ketosteroids. In all patients any other cause of sterility was first ruled out. Cortisone was given for six to eight weeks. Initial doses were 75 mg. daily for two weeks, with the dose gradually decreased to 25 mg. daily. Seven of these patients became pregnant. Of these, four had normal deliveries, two have not yet been delivered, and one had a tubal pregnancy. The effects of cortisone administration on ovarian function lasted from four to six months. No abnormalities were noted in the infants born to the mothers.

JAPAN

Orphans.—The Japanese children's bureaus are caring for over 60,000 orphans, many of whom owe their lives in part to some members of the United States armed forces. The present reduced budget provides food at a bare subsistence level, and the women who care for the children day and night are grossly underpaid. Bales of discarded clothes shipped from the United States help out the budget. The diet of these children is notably deficient in calcium and vitamins. One group of veterans who saw service in Japan has formed a club, the purpose of which is to extend moral and financial aid to about 600 orphans on the Isle of Sado. This is the first real helping hand stretched across the sea for the helpless orphans.

Homicidal Instructors.—On two occasions students in Tokyo were beaten to death by one of their instructors. Corporal punishment by a teacher is strictly forbidden, but the school authority lacks sufficient psychiatrists to weed out the misfits from the teaching profession.

PERU

Giant Hypertrophic Gastritis.—At a meeting of the Faculty of Medicine of Lima, Dr. Daniel Becerra de la Flor, auxiliary professor of surgery, reported a case of giant hypertrophic gastritis. Less than 12 cases of this disease have been reported. A 74-year-old woman was admitted to the hospital in August, 1955. She had been in good health until five months prior to admission when she began to suffer from

dull epigastric pain radiating to the umbilicus and the right hypochondrium. In the two months before she was admitted, the pain became continuous and more severe, and anorexia, nausea, vomiting, loss of weight, insomnia, and increasing weakness developed. The vomiting occurred after food intake, and at times the vomitus contained food particles ingested four or five days earlier. When vomiting occurred without the ingestion of food, the vomitus was acholic and consisted of glairy mucus. No hematemesis nor melena were noted. A tumor could be felt in the epigastrium and right hypochondrium, but early in the course of the disease this would disappear when massaged. This would be followed by a relief of the symptoms, but later, massage gave no relief.

Physical examination revealed an emaciated woman with marked edema of the legs and tenderness over a firm, irregular, epigastric tumor. The blood protein level was 5 Gm. per 100 cc., and there was a mild hyponatremia. Free acidity was absent in the gastric secretion and eight units were elicited by histamine stimulation. Cytological examination of the stomach contents failed to reveal neoplastic cells. A gastrointestinal series revealed a hypotonic and hypoperistaltic stomach with a rough defect in the antral region and inability of the barium to pass into the duodenum. The radiologist made a tentative diagnosis of gastric neoplasm. At operation, six days after admission, almost half of the stomach was found to be invaginated into the first portion of the duodenum, which was enormously lengthened. A Polya's partial gastrectomy was performed. The resected segment included a polypoid, sessile, irregular, brain-shaped mass that was elevated 3.5 cm. above the normal surrounding tissue. Histological examination revealed a giant hypertrophy of all the normal constituents of the gastric mucosa. The patient made an uneventful recovery.

SWEDEN

Lobectomy for Pulmonary Tuberculosis.—In *Nordisk medicin* for June 20, Dr. V. O. Björk gave an account of the 301 lobectomies he performed for pulmonary tuberculosis. He found advanced age no contraindication, and among his patients were five operated on after they were 60. While four of them tolerated the operation well, the fifth, aged 64, died two days after the operation with signs of coronary insufficiency. The indications for operation were cavitation in 85%, bronchial stenosis in 9%, bronchiectasis in 2%, tuberculous pneumonia in 2%, and tuberculous empyema with a bronchial fistula in 2%. A cure could be claimed in 85% on the strength of negative guinea pig and sputum tests. The 15% for whom a cure was not claimed consisted of patients in whom tubercle bacilli were still demonstrable. The resected portion of the lung having already been largely destroyed by tuberculosis, the loss of this portion by operation did not appreciably reduce the gas exchange or ventilation of the lung on the side operated on. There was, however, a significant diminution of the maximum ventilation capacity. In 283 patients, the resection was combined with a plastic operation, and there were only 18 patients in whom the lobectomy was independent of any simultaneous operation designed to reduce the capacity of the chest. Björk noted, however, that several of his patients with pulmonary tuberculosis had cavitation with the disease confined to one lobe. For such patients primary lobectomy can be performed without any supplementary plastic operation. These comparatively new cases are in marked contrast to older series in which tuberculosis was usually bilateral and most of the patients had previously undergone pneumothorax on one or both sides.

Surgical Treatment of Peptic Ulcer.—Dr. S. Richter (*Nordisk medicin*, June 20, 1957) has reviewed his experiences of the last 20 years during which he treated 2,765 patients with peptic ulcer. There was no evidence that patients subjected to gastric resection are peculiarly liable to contract pulmonary tuberculosis. Dr. S. Grettve reported on a series of 283 gastric resections. While he had no postoperative deaths among his 246 patients with chronic recurrent ulcer, he had two such deaths among the 27 patients with perforation of the ulcer. His follow-up examination showed that 70% of his patients were completely free of gastric symptoms, though several of them had some slight difficulty with their food suggestive of the dumping syndrome. This did not, however, impair their capacity for work. Grettve concluded that the Billroth 2 operation insures a low mortality and small risk of relapse.

Traffic Accidents.—Traffic accidents now cost Sweden 269 million krona yearly. Dr. Ivar Palmer (*Nordisk medicin*, Aug. 8, 1957) has reviewed the findings of the Northern Surgical Congress held in Stockholm last summer. It was pointed out but not statistically proved that the noise of motor traffic must to some extent be held responsible for traffic accidents by virtue of the irritation it causes. This factor has not been measured, and, if it is to be done, money must be spent on research. The noisy motor bike causes three times as many road accidents as the motor car, although cars outnumber motor bikes. Research is also needed into the influence of poisons such as gas fumes, carbon monoxide from the engine or a cigaret, and hypnotics, but not including alcohol, on road accidents. At present these potential offenders are neglected in favor of alcohol, the importance of which has been rated so highly that a blood concentration of only 0.05% is enough to convict a driver of careless driving. In

practice this means that the physician likely to be called on to drive a car at any time must not even take a bottle of beer, which is enough to raise the concentration of alcohol to the above level. The part played by alcohol has hitherto caught the attention of the traffic authorities with almost monomaniacal interest. Drunkenness in traffic must be combated as effectively as possible, but one is tempted to ask if the campaign against it has not been overzealous.

Is Neglect of Antitetanic Serum Defensible?—A disciplinary case brought to the attention of the Swedish Doctors' Liability Committee has again raised doubts over the decision for the prophylactic administration of antitetanic serum as soon as a serious wound has been inflicted. The patient was a 7-year-old girl who fell on a splinter of glass which opened a 2-cm. wound on the flexor aspect of her right hand. The girl was promptly taken to a polyclinic, where her wound was treated with hydrogen peroxide and then sutured. She was told to return a week later, but when she did so the wound was found to be purulent. Sutures were removed and the wound opened so as to allow the escape of pus. A dressing was applied, and the faulty position of the hand was corrected by a splint. Antitetanic serum and toxoid were given, because stiffness of the neck, lower jaw, and right arm had been detected the day before. The girl died a few days later of tetanus. Her father appealed to the liability committee, whose experts gave a cautiously worded judgment which is published in *Svenska läkartidningen*, Aug. 16. To the complaint that serum had not been given sooner, it was answered that, as far as could be ascertained, there had been no error or neglect in the treatment given; but the comments of one of the experts on the case imply that washing with hydrogen peroxide does not by itself satisfy the rulings of the Swedish Surgeons' Association on the prevention of tetanus.

UNITED KINGDOM

Maternal Mortality.—An editorial in the *British Medical Journal* of Aug. 3 draws attention to certain defects which persist in spite of the march of progress. In 1928, 2,920 women died as a result of pregnancy or from causes directly associated with it. In three years, 1952 to 1954, there were 1,987 deaths under this same heading. The four leading causes of deaths were toxemia (22%), hemorrhage (17%), abortion (14%), and pulmonary embolus (13%). Sepsis accounted for only 3.8% of these deaths, and this remarkable decrease is the most outstanding factor in the reduction of maternal mortality. Twenty-five years ago sepsis was responsible for more than 33% of maternal deaths. Among the 316 "associated" deaths, heart disease was the most common cause, accounting for 121. There were 183 deaths after cesarean section and 49 due to complications of anesthesia.

Since eclampsia can be prevented by rigid prenatal supervision, it is discouraging to note that 110 mothers died from this disorder. The most glaring deficiency was in the quality of prenatal care. A number of these deaths were clearly due to lack of cooperation between physician, midwife, clinic, or hospital. Shortage of antenatal beds has been blamed for late admission of patients with severe preeclampsia, but this is not reasonable justification for a hospital sending "home to bed" a patient with albuminuria, edema, and blood pressure of 168/110 mm. Hg. Another patient whose blood pressure was 220/130 mm. Hg was allowed to return home. Again, when so much time is spent in teaching the importance of an early rise of blood pressure, it is hard to understand why a mother was not admitted to hospital when her systolic blood pressure was over 200 mm. Hg.

It is believed that half of the deaths from hemorrhage in antepartum cases and 90% in the postpartum group could have been prevented. Deaths from postpartum hemorrhage with retained placenta presented a higher proportion of avoidable factors than any other group. In many instances the "flying squad" was called too late, or the patient was removed to hospital without resuscitation or with the placenta undelivered. These squads should not be staffed by junior medical officers. The family physician or midwife needs expert help when calling for it, and an experienced obstetrician and anesthetist should always be members of the team. It was not always in the home that attendants did not appreciate the dangers of slow, continuous hemorrhage. Perhaps when ergonovine maleate is given routinely with the delivery of the baby, these tragedies, almost wholly preventable, will no longer appear in maternity reports. There were very few avoidable factors in deaths from pulmonary embolus, but, in cases of abortion, it was a different story. Many do not realize that it is most often the married woman with a family who succumbs to the complication of procured abortion; there were 85 such cases.

The report issued by the Ministry of Health recommends that there should be (1) better antenatal care, especially in early detection and early treatment of toxemia; (2) more prompt and more effective treatment of hemorrhage, especially through the use of "flying squads" for the emergencies of domiciliary midwifery; and (3) better selection of patients for specialist care at the hospital, especially women in the older age groups and higher parities. Time and again the report underlines the lack of teamwork between those responsible for the care of the expectant mother.

MEDICAL LITERATURE ABSTRACTS

INTERNAL MEDICINE

Obliterative Brachiocephalic Arteritis: Pulseless Disease of Takayasu. T. B. Gibbons and R. L. King. Circulation **15**:845-849 (June) 1957 [New York].

The authors report a 42-year-old woman with obliterative brachiocephalic arteritis, a rare vascular disease. Except for a fractured clavicle in childhood, there was no history of trauma and no evidence of aortic aneurysm or dissection or syphilitic infection. The patient was admitted to the hospital for study of low blood pressure and claudication in the left leg, right arm, and jaw. She also had a feeling of weakness of the eyes "as if they would cross" followed by a sensation of slow gyrations in the head and partial loss of balance. Each spell lasted from 4 to 10 minutes and was followed by nausea. Ophthalmoscopic examination revealed slight glaucomatous cupping but no evidence of cataracts, corneal opacities, or vascular looping in the region of the optic disk. The axillary arteries were not pulsatile to palpation; both radial arteries were weakly palpable at times, but ulnar pulses were absent. The left popliteal and dorsalis pedis arteries and both posterior tibial vessels were nonpulsatile. Blood pressure was determined with great difficulty in the arms. With the patient supine the systolic pressure in both arms was estimated to be around 70 mm. Hg. With the patient sitting up or standing, an arterial pressure could not be detected in either arm. Blood pressure in the legs was 145/80 mm. Hg on the right and 90/80 mm. Hg on the left. The patient was given 10 mg. of prednisone orally every 6 hours. Bishydroxycoumarin (Dicumarol) was employed to maintain the prothrombin concentration between 10 and 20% of the control. The patient was discharged after 10 days to continue the same therapy at home. Six weeks later the patient reported a gradual subjective improvement, having been free of jaw and arm claudication since leaving the hospital. There was also an increased capacity for walking before the appearance of claudication in the left leg. She continued to have occasional transient blurring of vision. An angiocardiogram was performed, and the first portion of the innominate artery, the entire left subclavian artery, and the proximal segment of the left common carotid artery were not visualized. The right subclavian artery could be faintly traced at its junction with the right common carotid artery, but not distal to this point. The axillary arteries and the distal portions of the carotid arteries, including their bifurcations, were clearly seen and appeared normal.

The case of this patient did vary from the typical case of brachiocephalic arteritis in 3 respects: there was no objective evidence of organic damage to the eyes beyond glaucoma, the patient did not have carotid sinus syncopal attacks, and she apparently did have involvement of the left iliac artery, but all these variations have been described in patients with Takayasu's disease. At present the patient is being maintained on 15 mg. of prednisone per day and sufficient Dicumarol to provide a desired degree of hypoprothrombinemia. The therapeutic results obtained with these 2 drugs thus have been encouraging. Although the case of this patient is only the third of this disease to be reported in this country, 5 probable cases have been described under other diagnoses. In contrast, nearly 100 cases have been recognized in Japan and Europe.

Retrosternal Novocaine Anesthesia Therapy of Coronary Insufficiency. F. E. Ostapiuk. Terapevticheskiy Arkhiv **29**:58-70 (No. 4) (April) 1957 (In Russian) [Moscow].

The method consists of passing a needle 15 to 18 cm. long into the jugular fossa and passing it downward behind the sternum until aortic pulsations are felt. From 60 to 80 cc. of 0.5% solution of novocaine is then injected into the anterior mediastinum. Three hundred twenty such injections were given to 59 patients, to 9 of these at the time of myocardial infarction and to 264 between anginal attacks. The injections were given to 7 patients once weekly and to the rest at intervals of 1, 2, 3, and 4 days. The number of injections given to an individual patient varied from 1 to 10. The result of the treatment in 32 patients was a complete cessation of the anginal attacks. In a group of 9 patients attacks became less frequent, and in a group of 5 patients the treatment proved ineffective. The authors conclude that novocaine anes-

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thesia therapy is effective in coronary insufficiency. The anesthesia of the para-aortic and cardiac plexuses produces anesthesia of the pain conducting fibers and improves the coronary circulation by the dilating effect upon the coronary arteries. Extrasystoles, paroxysmal tachycardia, atrioventricular block, and block of the bundle of His do not constitute a contraindication to the above treatment. Blood pressure higher than 200/110 mm. Hg or low blood pressure (lower than 90/50 mm. Hg) constitutes a contraindication.

Prognostic Factors in Myocardial Infarction. G. E. Honey and S. C. Truelove. Lancet **1**:1155-1161 (June 8) 1957 [London].

The records of all patients admitted with myocardial infarction to the Radcliffe Infirmary from 1940 to 1954 inclusive were analyzed together with those of a small number of patients in whom the disease developed while in hospital for other disorders. This first of 2 reports on 543 attacks of myocardial infarction is concerned with the prognosis in the acute attack (the 2 months after admission). One-third of the 195 deaths that occurred during these 2 months ensued on the first day. Thereafter the rate of dying fell off progressively. The presence of shock or hypotension or both when the patient arrived at hospital was associated with an increased risk of death within 48 hours of admission. Among patients who survived the first 48 hours, a different set of factors was associated with an increased risk of death during the rest of the acute attack. These were a history of cardiac asthma, evidence of cardiac failure (either left or right ventricular), cardiac arrhythmia (including multiple extrasystoles), gross cardiac enlargement, and diabetes mellitus. Factors which have been supposed to be associated with bad prognosis had no such association in the present series. These factors were a previous attack of myocardial infarction, previous angina of effort, previous breathlessness on exertion, and previous hypertension. Prognosis was likewise unaffected whether the onset was with the patient at rest or during exertion. Anticoagulant therapy was first used in this series of patients in 1948 and was in extensive use by 1952. The over-all effect of anticoagulant therapy on the death rate has not been very great, and the improvement can be accounted for by the almost complete abolition of deaths from pulmonary embolism.

Prognostic Factors in Myocardial Infarction. G. E. Honey and S. C. Truelove. Lancet **1**:1209-1212 (June 15) 1957 [London].

This second report on prognostic factors in myocardial infarction reviews the long-term prognosis of the 348 survivors of the acute attack, which is defined as lasting 2 months from admission. About 1 in 7 of the survivors died during the remaining 10 months of the first year, and this rate was constant throughout the whole period covered by the study. In the second year a further 10% died. Thereafter, about 5% died each year. Bad prognostic factors, which can be recognized early in the acute attack, were evidence of cardiac failure (either left ventricular or congestive and not necessarily severe); cardiac arrhythmia including multiple extrasystoles; gross cardiac enlargement; and (though less important than the foregoing) a previous attack of myocardial infarction. Patients who displayed one or more of these features constituted a bad-risk group. They had 4 times the chance of dying in the remainder of the first year as did the patients with none of them. Over the course of 5 years, their chance of dying was double that of the good-risk group. Age was of negligible consequence in the long-term prognosis compared with whether the patient fell into the good-risk or the bad-risk group.

Among the good-risk group, the main cause of death within 5 years of the acute attack was recurrent infarction. The incidence of this was high among the patients under 60 and was the sole cause for their expectation of life being much worse than that of a sample of the same age and sex of the general population. By contrast, the patients of the good-risk group over 60 years had a low rate of recurrent infarction. Their expectation of life was the same as that of other people of their age and sex. Among the bad-risk group, recurrent infarction was common in both main age groups. In addition, cardiac failure not associated with another infarction was a potent cause of death.

Primary Cardiac Tumor (Sarcoma): Case with Unusual Clinical Course. V. Faber, E. Søndergaard and A. Bach. Ugesk. læger **119**:696-698 (May 30) 1957 (In Danish) [Copenhagen].

Tumors of the heart are rarely included in diagnostic considerations, and, according to Engle and Glenn, the diagnosis of tumor of the heart has been made before death in only 14 cases. In the case of a primary sarcoma in the right atrium in a man aged 24 the multiple diffuse infiltrations in both lungs seen on roentgen examination could be interpreted as metastases, but neither heart auscultation nor electrocardiogram suggested primary localization in the heart. The clinical course was dominated by increasing hemorrhagic expectoration and anemia. There was no dyspnea or cyanosis. Autopsy disclosed the site of the primary tumor, which on microscopic examination was found to be a sarcoma. The necrotic hemorrhagic metastases in the liver were of the same character as the tumor tissue in the heart, and the metastases to the lungs showed mainly the same structure as those in the liver, but with more abundant cytoplasm.

SURGERY

The Beck Operation for Coronary Artery Disease. C. S. Beck and B. L. Brofman. Minnesota Med. **40**:462-466 (July) 1957 [St. Paul].

Two things happen when a coronary artery is narrowed or occluded, namely, the production of electrical currents and the death of muscle. Electrical currents are produced in response to an increased oxygen differential, due to contact of poorly oxygenated muscle with well-oxygenated muscle, and the death of muscle occurs as a result of an inadequate blood supply. An ischemic area of muscle is capable of "triggering" a response in that it is acutely sensitive to slight increases or decreases in the blood supply, which reduce and increase its destructive power respectively. The heart is exceedingly vulnerable to small alterations in blood supply because of the precise segmental arrangement of the cardiac vascular network, where each coronary artery and each branch of a major coronary artery supplies a discrete segment of muscle. Some persons (9%) have variable connections between coronary arteries or their branches and are, thus, to a greater extent less vulnerable to coronary occlusion because of the existence of this collateral network. The Beck operation is a simple procedure consisting of 4 steps: passage of a ligature around and constriction of the coronary sinus down to a lumen of 3 mm.; abrasion of the lining of the parietal pericardium and epicardial surface of the heart; application of 0.3 Gm. of coarsely ground asbestos to the surface of the heart; and bringing of the mediastinal fat into contact with the heart to act as a graft. This procedure accomplishes several favorable ends: greater extraction of oxygen from the venous blood, a reduced oxygen differential, and the production of intercoronary channels. The only untoward result of this procedure is an increased capillary pressure leading to a reduced total coronary inflow. Contraindications for operation include signs of congestive heart failure (dyspnea at rest, rales, and peripheral edema), cardiac enlargement, and progressive symptomatology. Of 100 patients with a follow-up of 6 months to 5 years, 88% were improved and 90% were better able to work. In this series there were 100 consecutive operations with zero mortality.

Medical Aspects of the Surgical Treatment of Coronary Heart Disease. B. L. Brofman. Minnesota Med. **40**:467-470 (July) 1957 [St. Paul].

Surgical intervention is indicated in patients who present clinical evidence that coronary artery disease has compromised the arterial blood supply. Contraindications are acute myocardial infarction or even a suspicion of an impending infarction, cardiac enlargement and evidence of congestive heart failure, and severe hypertension or any other associated disease that per se significantly limits life expectancy. Many of the patients in this series (75%) had suffered at least one clinically proved myocardial infarction, 2 or more infarctions having occurred in 20% and angina pectoris ranging in severity from mild to complete status anginosus in 95%. Patients with symptoms of longer duration (exceeding 3 years) tolerated the operation much better than those with symptoms of shorter duration. Operation is temporarily contraindicated in patients exhibiting anxiety and apprehension because of the specific deleterious effects (greater operative risk presumably in association with a lowered fibrillatory threshold) peculiar to patients so affected. The total mortality in a group of 225 patients was only 5% (11). A more recent series of 100 consecutive operations (30% salvage cases) resulted in only one fatality. Generally, the immediate postoperative course is uneventful, long-term follow-up revealing that 15 of the first 100 patients having severe "attacks" required hospitalization (3 instances of transmural myocardial infarction and 12 patients with one or more bouts of severe precordial pain), from which all recovered with no worsening of the symptoms and with the majority returning to work in 1 to 4 weeks. Complication such as severe narcotics addiction, psychoses, and cerebrovascular accident were disclosed in some of the few patients (10%) in whom long-term follow-up revealed no improvement. It is of interest that 3 patients having evidence of congestive heart failure prior to operation were better compensated postoperatively. Several patients obtained remission of, in addition to the common symptoms of coronary heart disease, some unusual manifestations, namely, premature ventricular beats (5%), reduction or absence of arterial pulses particularly in the left arm, sensory changes in the hands, and the shoulder-hand syndrome. A period of symptomatic improvement was abruptly terminated by overwhelming occlusion and death in half the patients who died 6 months to 5 years after operation. This result is not to be precluded by surgery, as the technique is symptomatic rather than prophylactic in nature.

Temporary Extracorporeal Circulation in the Surgical Treatment of Cardiac and Aortic Disease: Report of 98 Cases. D. A. Cooley, B. A. Belmonta, M. E. DeBakey and J. R. Latson. Ann. Surg. **145**: 899-914 (June) 1957 [Philadelphia].

Temporary extracorporeal circulation has been developed for clinical application in surgical treatment of cardiovascular diseases. This report is concerned with the use of temporary extracorporeal circulation in 98 cases of cardiovascular disease. Temporary controlled extracorporeal circulation of 2 types was used, one being total cardiopulmonary bypass and the other simple unilateral bypass shunting blood from venous to venous or arterial

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to arterial regions. The method employed in the individual case depended upon the location and nature of the lesion. Total cardiopulmonary bypass was used in 88 and unilateral bypass in 10 patients. The oxygenator system was a bubble diffusion type, which produced consistently good oxygenation without serious hematological changes. Ventricular septal defects were repaired in 45 patients. Decrease in pulmonary pressure occurred at operation in all patients, and clinical improvement resulted in the 38 survivors.

Repair of atrial septal defects was usually well tolerated under cardiopulmonary bypass and is considered to be the method of choice for these defects. Among 12 patients operated upon 10 recovered and are apparently cured. Complete correction of tetralogy of Fallot was attempted in 7 patients, with 4 survivors, and in 4 patients with isolated pulmonary stenosis there were no deaths. Unilateral bypass was used successfully in 1 patient with combined infundibular and pulmonary valvular stenosis. For aneurysms of the descending thoracic aorta bypass around the lesion proved effective in preventing ischemic damage to the spinal cord during temporary aortic occlusion. In an addendum the authors state that since the completion of this report they have used total cardiopulmonary bypass in 52 patients and unilateral aortic bypass in 12. A stainless steel oxygenator has recently been used which is superior in many respects to the disposable plastic oxygenator.

Diagnosis and Treatment of Intracavitary Myxomas of the Heart. H. T. Bahnson, F. C. Spencer and E. C. Andrus. Ann. Surg. **145**:915-926 (June) 1957 [Philadelphia].

The intracavitary myxoma is now accessible by surgery within the open heart. The authors present their experiences with 3 patients in whom they observed an intracavitary myxoma at operation. The first patient, a 53-year-old woman, had dyspnea and evidence of cardiac inflow stasis of 6½ years' duration. She had become refractory to remedies for cardiac failure. A short, soft systolic and a low-pitched rumbling diastolic murmur were heard adjacent to the sternum on the left. A diagnosis of intracavitary tumor of the right atrium was made after cardiac catheterization and confirmed by angiocardiography. The tumor was incompletely removed. Residual tumor, gastric dilatation, and electrolyte disturbances all probably contributed to death on the 24th postoperative day. The second patient, a 44-year-old woman with a 4½-year history of refractory right heart failure and intractable ascites, had an inconstant murmur suggesting mitral stenosis. Exploratory operation for the suspected stenosis revealed a tumor which was dislodged during manipulation and caused death from blockage of the left ventricle and thoracic aorta. The tumor arose from the atrial septum.

The third patient, a 57-year-old woman, was known to have had a cardiac murmur for 30 years and symptoms of fatigue, weakness, dyspnea, orthopnea, and hemoptysis for 20 years. Her condition had become refractory to treatment. A myxoma was unexpectedly encountered during exploration for mitral stenosis and later successfully removed during a cardiopulmonary bypass. To these cases treated surgically are added 6 additional cases undiagnosed before death and obtained from autopsy files. These cases are examples of the manners in which a myxoma may cause disability, namely, by cavitary obliteration, occlusion of the valve orifice, or arterial embolism. The tumor can be readily removed provided one is able to work within the open heart. For removal of a right atrial tumor, caval occlusion with the patient under hypothermia is suggested as the preferred method. The use of a pump oxygenator is advocated for a tumor of the left atrium. When a tumor is encountered during exploration for mitral stenosis, removal should be delayed until preparations for open cardiac surgery can be made.

NEUROLOGY & PSYCHIATRY

Congenital Absence of the Corpus Callosum: Report of a Case and Review of the Literature. U. T. Slager, A. B. Kelly and J. A. Wagner. New England J. Med. **256**:1171-1175 (June 20) 1957 [Boston].

Of the 170 cases of congenital absence of the corpus callosum that have been reported, only 23, all diagnosed at autopsy, were asymptomatic. Some authors believe in the existence of a definite syndrome of absence of the corpus callosum. Others, although they do not recognize a syndrome, maintain that its absence or destruction results in neurological and psychiatric abnormalities. A third group proposes that no detectable deficiency results from absence or destruction of the corpus callosum. In support of this thesis, the 24th asymptomatic case of congenital absence of the corpus callosum, and the 16th case of complete absence in an asymptomatic adult, is presented. The patient was a 76-year-old man, who died 3 days after admission to hospital. Autopsy disclosed a recurrence of adenocarcinoma at the gastrojejunal anastomotic site, with metastases to the regional lymph nodes, colon, peritoneum, liver, pancreas, and common bile duct, producing compression of the common bile duct, with resulting hydrops of the gallbladder ending in rupture and bile peritonitis. Bronchopneumonia and an old posterior myocardial infarct were also found. Microscopic sections of the cerebral cortex, basal ganglions, pons, medulla, and cerebellum stained with hematoxylin and eosin revealed a normal cytoarchitecture, except for the complete absence of the corpus callosum. Moderate atherosclerotic changes were present. The function of the

corpus callosum is apparently such that an adult can exist without this structure, living a normal life with normal intelligence and motor performance. The abnormalities such as idiocy, mental retardation, epilepsy, apraxia, and inability to concentrate, which are frequently reported, especially in children, are most probably due to anomalies usually associated with congenital absence of the corpus callosum.

GYNECOLOGY & OBSTETRICS

Feminizing Mesenchymomas (Granulosa-Cell and Theca-Cell Tumors) with Associated Endometrial Carcinoma: Review of the Literature and a Study of the Material of the Ovarian Tumor Registry. J. W. Greene Jr. Am. J. Obst. & Gynec. **74**:31-41 (July) 1957 [St. Louis].

The author reports a 33-year-old woman who was admitted to the hospital of the University of Pennsylvania with the complaint of vomiting and gaseous distention of 11 days' duration. Menorrhagia had occurred during the last year, but no metrorrhagia. Abundant curettings grossly resembling carcinoma were obtained by dilatation and curettage. At laparotomy, the peritoneum, omentum, and intestine were found to be studded with tumor nodules. The ovaries were replaced by large masses of fungating friable tissue. Biopsies were taken from the ovaries and the omentum. The curettings showed endometrial glands composed of stratified cells with loss of cell polarity. In many areas, all semblance of basement membrane was lost and there was free invasion of the surrounding stroma by epithelial cells with numerous mitotic figures. The biopsies of the omentum and ovary showed cells of a microfolliculoid appearance with occasional rosette-like groupings about Call-Exner bodies, typical of granulosa-cell carcinoma. A diagnosis was made of a granulosa-cell carcinoma of the ovary with metastases to peritoneum, omentum and intestine, and of associated endometrial carcinoma.

The simultaneous occurrence of a feminizing mesenchymoma and carcinoma of the endometrium suggests the possible carcinogenic property of estrogens. This association has not been reported on previously in a woman aged less than 40 years in the English literature. One case was reported in the South American literature by Giordini in a 34-year-old woman with bilateral thecomas and carcinoma of the endometrium. A review of the slides and clinical histories of feminizing mesenchymomas contained in the ovarian tumor registry of the American gynecological society in which the endometrium was available for study revealed only 1 case of a feminizing mesenchymoma associated with carcinoma of the endometrium in a woman in the reproductive age. The author's case brings the total number of instances of these combined tumors to 132, of which 3 were in women aged less than 40 years.

The Role of Exfoliative Cytology in the Diagnosis of Carcinoma of the Cervix Uteri. E. H. Dale, O. A. Brines, G. S. Wilson and H. M. Nelson. Am. J. Obst. & Gynec. **74**:25-30 (July) 1957 [St. Louis].

Of 15,832 presumably asymptomatic women from whom routine Papanicolaou smears were obtained in the course of 4½ years at a cancer detection center, a histopathological diagnosis of cancer of the uterine cervix was made in 151 (0.95%). Biopsies were performed in 140 women with positive smears; 123 (87.8%) of these confirmed the positive smear diagnosis. Fifty-one biopsies were performed in 77 women with suggestive smears, 27 (52.9%) of which were positive. Of the 151 women with cancer of the uterine cervix, 147 had squamous cell carcinoma; the tumor was invasive in 95 and apparently preinvasive in 39. The status of the remaining 13 patients was uncertain. Nearly 25% of the invasive and about 75% of the preinvasive carcinomas of the cervix were not recognized on vaginal inspection; consequently, history and physical examination only are not reliable methods for the diagnosis of cervical cancer.

Of the 151 women with histologically proved cancer of the uterine cervix, 52 (34.4%) were less than 40 years old. The cancer was definitely invasive in 24 of the 52 women. Thus in about 50% of the patients aged less than 40 years, the cancer had already progressed beyond the intraepithelial stage. This disease, therefore, has a higher incidence among the younger age group than has been generally thought. Routine Papanicolaou smears have been a most effective diagnostic aid in cancer detection and are credited with primary detection of 42.8% of all cancers of the cervix at Yates Memorial Clinic, staffed by the Wayne State University College of Medicine, and operated as a cancer detection center.

Facts Pertinent to the Etiology of Eclamptogenic Toxemia: A Summation of Previous Observations (1930-1955). R. A. Bartholomew, E. D. Colvin, W. H. Grimes Jr. and others. Am. J. Obst. & Gynec. **74**:64-84 (July) 1957 [St. Louis].

An extensive review of the literature on the causation of eclamptogenic toxemia revealed certain significant anatomic, physiological, and pathological data on which a theory of the genesis of this disease has been based. There is a specific placental pathology in the form of acute and subacute placental infarction, best observed in formalin-fixed placentas, which is pathognomonic for preeclampsia, eclampsia, and abruptio placentae. This fact, first discovered by Young, is pertinent to the causation of the disease. Areas of placental

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necrosis in contact with maternal intervillous circulation present possibilities of dissemination of products of placental autolysis, which may be highly toxic to the mother. Placental infarction of the subacute or acute types is logically the cause and not the effect of toxemia of pregnancy. The paths and interrelationship of the fetal and maternal components of the placental circulation dictate this conclusion.

The anatomic basis of placental infarction is found in the presence of smooth-muscle sphincters in the placental veins, first discovered by Spanner. The trigger which excites spasm of few or many of the venous sphincters is logically oxytocin, which through changes in hormone balance in the latter part of pregnancy (lowered progesterone and presence of free estrogen) is apparently released from the inhibition exerted by its hormonal antagonists, progesterone and pitocinase. Increase in desoxycorticosteroids late in pregnancy, aided by salt, sensitizes the smooth muscle of vessel walls and probably that of placental vein sphincters to increased reactivity. Spasm of the venous sphincters obstructs exit of fetal blood from the corresponding placental units causing distention of villous capillaries, enlargement of villi, diminution or obliteration of the intervillous spaces and circulation, resulting in anoxic necrosis of chorionic epithelium, villous stroma, and capillary endothelium.

Thromboplastin, abundant in placental tissue, is apparently the first product of chorionic necrosis, which, if infarction is extensive, causes abruptio by subplacental clot formation and occasionally afibrinogenemia with hemorrhagic tendency. It is apparent that there is only one true toxemia of pregnancy—that due to placental infarction and necrosis. It comprises abruptio placentae, eclampsia, and its precursor, preeclampsia. Other conditions presently included in the accepted classification of toxemias of pregnancy constitute predisposing causes rather than types of toxemia. It is hoped that biochemical study of normal and toxic placentas and blood, now in process, may serve to identify the nature and effects of other degradation products of placental necrosis, which are probably more concerned with preeclampsia and eclampsia.

PEDIATRICS

The Nephrotic Syndrome in Early Infancy: A Report of Three Cases. H. McC. Giles, R. C. B. Pugh, E. M. Darmady and others. Arch. Dis. Childhood **32**:167-180 (June) 1957 [London].

Renal changes were manifest in 3 newborn infants. Two of them were siblings, and both sets of parents were first cousins. Each infant showed a similar abnormality of the renal tubules on microdissection, doubly refractile crystalline material in alcohol-fixed tissues, and predominant lesions in the renal tubules with probably secondary glomerular damage. The severity of the histological changes was correlated with the presumptive duration of the illness. The findings suggested that all 3 infants had the same genetically determined primary disorder. A review of previously reported cases of the nephrotic syndrome in newborn infants shows that the most common feature, apart from the essential clinical and biochemical similarities, was an invariably fatal outcome, usually in the first 6 months of life. Parental consanguinity has not previously been reported. The inherited defect in the 3 infants may be manifested by an anomaly of the renal tubules and by the deposition of anisotropic crystalline material in certain tissues.

Vaccinia Gangrenosa and Agammaglobulinaemia. K. Somers. Arch. Dis. Childhood **32**:220-224 (June) 1957 [London].

A 6-month-old male infant with vaccinia gangrenosa is described. The progressive necrotizing vaccinal reaction, failure to heal, the development of gangrene, and appearance of fresh lesions at various sites were distinguishing features of vaccinia gangrenosa. Plasma protein studies revealed agammaglobulinemia. Virological studies confirmed the presence of vaccinia; there was a secondary micrococcic (staphylococcic) infection. The patient had no humoral defenses against the virus, perhaps because of gamma globulin deficiency. He was, thus, a perfect medium for the cultivation of vaccinia virus, which produced gross cutaneous and visceral damage. The baby was given various antibiotics and intramuscular injections of vaccinia gamma globulin, but without result. The disease, at autopsy, was characterized by lymphoid atrophy, absence of healing, and poor inflammatory response. Patients with agammaglobulinemia should not be vaccinated. Those with generalized vaccinal reactions should be examined for gamma globulin.

Does Celiac Disease Really Exist? With Reference to 16 Personal Cases. M. Jeune, R. Carron, M. Flattot and G. Lafond. Semaine hôp. Paris **33**:2459-2475 (June 22) 1957 (In French) [Paris].

The existence of celiac disease is still disputed by some authorities in spite of the many works that have recently been published on the subject and in spite of the fact that gliadin has been shown to act as a precipitating agent in causing it. The authors, however, believe that such a disease unquestionably does exist, and they cite the cases of 16 patients seen by them in the last 4 years. A valid diagnosis of celiac disease was established in each case. The disease, which is characterized by the chronic elimination of steatorrheic stools in excessive quantities, a distended abdomen, and arrested growth in weight and height, is due primarily to intolerance for certain constituents of certain flours,

chiefly, if not exclusively, the gliadin of gluten. Gliadin, however, does not seem to be solely responsible for celiac disease, because the elimination of gluten alone, though essential in all cases, is not always sufficient to bring about a rapid restoration of tolerance for other foodstuffs, especially milk fat and potatoes. Intolerance for cow's milk and for eggs and certain fruits and vegetables undoubtedly occurs as an independent allergy in some children, but the disturbances of which these foods are the primary cause present a different problem because they are usually acute and never follow the chronic and insidious course of those produced by farinaceous substances in children with celiac disease.

Celiac disease varies greatly in severity, sometimes interfering with growth and producing major attacks of dehydration that constitute an immediate threat to life, sometimes causing slight symptoms and interfering only moderately with growth and nutrition. Intolerance for farinaceous foods may persist and make it necessary to impose a "celiac" diet, free not only from wheat flour but also from whole milk, butter, and potatoes for a prolonged period, or again it may disappear after months or even years of dietary restriction.

The Prevention of Congenital Anomalies in the Human: Experiences with Alpha Tocopherol as a Prophylactic Measure. E. V. Shute, J. Obst. & Gynaec. Brit. Emp. **64**:390-395 (June) 1957 [London].

Until recently the emphasis in discussions on the causation of congenital anomalies was on genetic, mechanical roentgenologic, chemical, endocrine, and infectious factors, but lately experiments have emphasized the role of nutritional factors. Any one of some 13 nutrients have been blamed for the appearance of congenital anomalies. The author practiced obstetrics for 23 years in an area of Canada where congenital anomalies appear to be relatively common. He cared for 3,500 pregnancies, and kept careful records on 104 families in whom congenital anomalies occurred. Of the 336 pregnancies he observed in these 104 families, 146 produced normal children, 63 abortions or miscarriages, and 127 children with anomalies. Hereditary data were available in 94 of the families with defective children, and there were anomalies in the adjacent branches of the family tree in 22. In 15 of the 22 they were very similar, and sometimes multiple. The inherited taint came through the male line 11 times, through the female line 11 times, and through both 4 times. By the laws of chance one would expect the parents to be equally responsible. However, treatment directed at the male suggests that the sire was the more important of the two as a causative factor in the phenomena of anomaly.

Seventeen of the fathers who had sired defective children were given alpha tocopherol immediately prior to the conception of one or more pregnancies subsequent to birth of the defective infant. In 15 of the 17 "controlled pregnancies" normal infants were produced. The probability of this occurring by chance is less than 1 in 500. It is of interest, too, that the 2 failures recorded in the 17 trials occurred in families where the maternal taint was very obvious, direct, and identical in two successive generations. In 4 of the 17 families in whom the father was treated with alpha tocopherol children were born to the same parents subsequent to the "controlled pregnancies," but in these instances the father did not take alpha tocopherol before they were conceived. In 2 of the 4 such subsequent children were anomalous again. It is suggested that giving alpha tocopherol to the father before conception makes the subsequent birth of a normal infant more likely.

OPHTHALMOLOGY

Central Serous Choroidosis Associated with Amebiasis: A Record of 9 Cases. A. E. Braley and H. E. Hamilton. A. M. A. Arch. Ophth. **58**:1-14 (July) 1957 [Chicago].

The authors report on 5 men between the ages of 20 and 34 years and 4 women between the ages of 26 and 55 years with clinically active amebiasis in whom central serous choroidosis was observed. Eight of the 9 patients were examined because of loss of central visual acuity. Their vision had been decreasing slowly and progressively, and nearly all of them complained of a scotoma. In none of them was there evidence of anterior uveitis. There were no deposits on the posterior surface of the cornea, no floaters in the anterior chamber, and no evidence of vascular congestion of the eyeball. The media from the cornea to the retina were clear and transparent. There were no opacities in the vitreous when observed with the ophthalmoscope. All patients had a cyst at or near the fovea. When observed with oblique ophthalmoscopic light or with the red free light there appeared to be increased pigmentation around the cyst. This increased pigmentation appeared to be in the pigment epithelium. Hemorrhages adjacent to this area sometimes occurred. When the cysts of the fovea were seen with the contact lens and biomicroscopic lens, they were frequently clear and nearly transparent. During the acute phase, the posterior wall of the cyst could sometimes be seen through the thin anterior wall. The pigment epithelium posterior to the cyst showed proliferation, which was particularly prominent near the periphery of the cyst. As the disease progressed, the cyst became more opaque and the anterior wall denser, so that it was more difficult to see through the cyst wall and the posterior wall

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of the cyst was not as evident. As the cyst became more opaque, hemorrhages were commoner in the surrounding retina, but increased proliferation of the pigment epithelium was not the rule. As the area began to heal, there appeared to be some thinning of the cyst, which tended to become flatter and less discrete. This left a round area in the fovea which was slightly surrounded by proliferation of the pigment epithelium.

The macular lesions responded to intensive courses of antiamebic therapy, with an arrest in progression of the lesions and subsequent healing. With treatment, vision improved and remained stationary. Administration of corticotropin and cortisone caused a rapid progression of the macular lesions and should not be used in the treatment of this disorder. Patients with a macular lesion of obscure causation should be investigated for evidence of amebiasis.

The Modern Treatment of Uveitis. R. H. Nielsen and T. J. Kirby. A. M. A. Arch. Ophth. **58**:79-108 (July) 1957 [Chicago].

Since the cornerstone of successful and rational treatment of uveitis depends on an accurate diagnosis, every effort should be made to establish the exact cause in all cases of uveitis. Differentiation of granulomatous from nongranulomatous uveitis, if possible, should be made, because this distinction may be an important factor in formulating principles of treatment. It is important for the ophthalmologist, not the internist, to captain the diagnostic team, so that he may channel the diagnostic tests in certain directions commensurate with his knowledge of uveitis and its clinical manifestations. The treatment of choice is specific therapy. It consists of administration of penicillin in syphilitic uveitis and of streptomycin, dihydrostreptomycin, aminosalicylic acid, and isoniazid in tuberculous uveitis. One of the recent trends is the use of steroids in addition to antituberculous drugs in the treatment of ocular tuberculosis. Administration of chlortetracycline (Aureomycin) combined with dihydrostreptomycin is the treatment of choice for ocular brucellosis. A combination of pyrimethamine (Daraprim) and sulfadiazine might be helpful against uveitis caused by Toxoplasma. Ocular trypanosomiasis with uveitis reacts favorably to the intravenous administration of arsenicals. The drug of choice in uveitis caused by onchocerciasis is suramin sodium (Antrypol), and, after a course of this drug has failed, diethylcarbamazine citrate (Hetrazan) should be given a trial.

When the exact cause of the uveitis cannot be ascertained or specific therapy is not available, one of the nonspecific forms of treatment should be used, such as general hygienic procedures designed to improve the general health of the patient and to increase resistance to a disease process, as well as local procedures that are designed to ameliorate the inflammation, limit the spread of infection, prevent ocular complications, and make the patient more comfortable. The use of mydriatics is the first step in all forms of anterior uveitis. The next local measure of importance is the application of heat, and paracentesis is another local procedure which can be used. Mechlorethamine (nitrogen mustard) has been recommended recently for the treatment of severe and intractable uveitis of unknown cause. Since the advent of steroids, fever therapy, as a method of nonspecific treatment, has been used less frequently. It is the experience of some ophthalmologists that few patients who have uveitis respond to fever therapy after failure with adequate doses of steroids. Fever therapy generally requires hospitalization, while steroids may be used on an ambulatory basis. The financial saving to the patient is considerable, and he is also spared the physical discomfort of fever.

Steroid therapy is efficacious because of its antiphlogistic action, with suppression of exudation, neovascularization, and scarring. The most promising steroids appear to be the newer metisteroids, prednisone and prednisolone. Failure in the administration of steroids is frequently due to the use of topical therapy when systemic therapy is required, or to the use of inadequate systemic doses. A personal survey taken among 30 outstanding ophthalmologists of the English-speaking world reveals that 3 prefer fever therapy to steroids. Four use both forms of nonspecific therapy and indicate no preference between the 2. Twenty-three prefer the use of steroids to fever therapy; of these, 14 use steroids almost exclusively and rarely resort to fever therapy. Thus, most of the outstanding ophthalmologists in this survey prefer steroid therapy and generally agree that fever therapy should be reserved for patients who fail to respond to adequate doses of steroids or for those few patients in whom steroids are definitely contraindicated.

INDUSTRIAL MEDICINE

Etiology and Pathogenesis of So-called Bakers' Asthma and Millers' Asthma. V. W. Klunker. Schweiz. med. Wchnschr. **87**:714-719 (June 15) 1957 (In German) [Basel, Switzerland].

Klunker reports the results of clinical studies and intradermal tests carried out on 15 bakers and 8 millers who had bronchial asthma, presumably of occupational origin. He found that asthma in bakers is usually caused by allergy to flour. Rhinitis due to flour accompanies and generally precedes the asthma. Skin tests are positive, but a small number of these patients present the clinical symptoms of asthmatic bronchitis that develops on the basis of a chronic dust-induced bronchitis. In this form cutaneous tests are negative; rhinitis is absent or

can be explained either mechanically (increased physiological cleansing processes in the presence of mucosal sensitivity), or allergically (mild sensitization).

In the asthma of millers degenerative processes, produced mechanically by dust, generally predominate; these in turn bring on chronic bronchitis, asthma, or emphysema. Cutaneous tests produce no reaction, and rhinitis is absent. Allergic factors, in addition to the mechanical action of dust, seem to play a causal role in the asthmatic bronchitis of a small number of patients with millers' asthma. The cutaneous tests may be positive in these patients. The literature reports cases of purely allergic asthma in millers, being due to flour, bran, or extraneous admixtures, but the author did not observe cases of this type. He admits, however, that he made no cutaneous tests with bran; but the 8 millers gave no indications that their disorder involved processes analogous to those that play a part in the allergic asthma of bakers. He believes that his studies demonstrate that the unitarian concept of the allergic origin of bakers' asthma and of millers' asthma applies only under certain conditions, if at all. It must be emphasized, however, that occupational factors play a part in the forms of bakers' and of millers' asthma under consideration here. Although the cause may differ in the asthma of bakers and millers, both disorders are definitely of occupational origin.

Vitamin B_{12} in Acute Subdeltoid Bursitis. I. S. Klemes. Indust. Med. **26**:290-292 (June) 1957 [Chicago].

In 1953, the author had reported on 6 patients with subdeltoid bursitis in whom large doses of vitamin B_{12} (1 mg. per dose) produced rapid relief. Roentgen examination revealed absorption of the calcium deposits. Since then, 40 additional patients have been treated successfully, sufficient to indicate that such use of vitamin B_{12} is an effective therapy in acute subdeltoid bursitis. This newer material is presented. The simplicity of administration, the virtual absence of side-effects, and the results obtained merit further clinical trial and controlled study.

Breathless Coal Workers as Seen at the Golden Clinic. J. E. Martin Jr. A. M. A. Arch. Indust. Health **15**:494-498 (June) 1957 [Chicago].

Physical examinations, roentgenograms of the chest, and respiratory function studies made in 207 soft-coal workers who came from northeastern West Virginia, southwestern Pennsylvania, and western Maryland and were admitted to the Golden Clinic in Elkins, W. Va., revealed a disease identical with or very similar to coal workers' pneumonoconiosis as described by British investigators. The classification of the pneumonoconiosis research unit of the Medical Research Council of England could be readily applied to the roentgenograms of the chest obtained from the American soft-coal miners. These miners were treated for their respiratory difficulties with intermittent positive-pressure breathing combined with administration of nebulized isoproterenol (Isuprel) hydrochloride over a period of about 20 minutes. Eight drops (0.5 cc.) of a 1:200 solution of the drug mixed with 8 drops of water were nebulized. Two to 4 or more of such combined treatments were given daily.

Twenty of the 207 patients showed a decrease in maximal breathing capacity (expressed as per cent of pretreatment maximal breathing capacity, per cent of estimated normal) and the remaining 187 showed increases in maximal breathing capacity from 1 to 80% or more. Ninety-four (45%) showed significant increases of more than 30% in maximal breathing capacity. Cyanosis disappeared and dyspnea, wheezing, and cough lessened. The character and amount of sputum changed. Appetite improved. The patients often gained weight during their hospitalization. Improvement lasted for a few days to many months. Usually, symptoms returned or were markedly accentuated after an acute respiratory infection. Side-reactions to this type of treatment were few. Some patients complained of increased nervousness and palpitation, but these complaints were almost always prevented by nebulizing the isoproterenol at a slower rate. Diffuse chest pain, which occurred in the early days of the treatment, almost always disappeared with continued treatment. It appears that intermittent positive-pressure breathing with isoproterenol is a safe and effective means of therapy in chronic respiratory difficulties.

THERAPEUTICS

Cortisone and Syphilis: Results of Preliminary Corticotherapy in Penicillin Treatment of 120 Patients with Syphilis. P. de Graciansky and C. Grupper. Rev. Franç. études clin. et biol. **2**:579-594 (June) 1957 (In French) [Paris].

Since 1951, the authors employed the rapid therapy of syphilis with massive doses of penicillin. They investigated systematically what aid corticotherapy in the form of cortisone, hydrocortisone, or corticotropin could provide in the various problems involved in this type of treatment. The 120 patients treated over a period of 5 years included patients with the various forms and stages of syphilis. At first the authors employed cortisone either by intramuscular injection or by mouth for 5 or 8 or even 30 days before the onset of penicillin therapy. Later, in 101 of the 120 patients, hydrocortisone was used. Infusion of corticotropin was tried in 2

patients, but this treatment was discontinued, because similar results could be achieved with the more simple forms of administration. Local corticotherapy was used in interstitial keratitis (instillation or subconjunctival injection) and in arthropathic tabes (intra-articular injection).

Preliminary cortisone therapy prevented or diminished in most patients the clinical signs of Herxheimer's reaction, particularly the fever response, in the early as well as in late forms of syphilis. Cortisone therapy also modified the clinical manifestations of syphilis. Variable improvements were noted in the primary lesion, in the secondary syphilides, in the gummas of the skin and of the mucous membranes in tertiary syphilis, in some subjective symptoms of neurosyphilis, and in interstitial keratitis. Cortisone therapy significantly reduced the biological signs of the syphilitic process: the Treponema organisms either disappeared or declined in number; there was a fall in the concentration of reagin in primary and secondary syphilis and in tertiary syphilis accompanied by clinical lesions, and abnormalities of the cerebrospinal process subsided. By contrast, in the purely serologic specificities there was no modification in the reagin concentration when it was low, as for instance in the so-called irreducible Wassermann reaction. Cortisone therapy did not diminish the sensitivity of the Treponema organisms to penicillin, nor was the usual course of syphilis after penicillin therapy altered by the preliminary cortisone therapy. Cortisone is a useful adjuvant in certain tabetic manifestations (lightening pains and gastric crises) and in interstitial keratitis. Cortisone increases the tolerance to penicillin in allergic subjects, in pregnant women, and in patients with syphilitic aortitis and with neurological syphilis.

Therapy in Collapse Due to Meningococcus Infection. J. E. Cassidy. Ann. Int. Med. **46**:1099-1104 (June) 1957 [Lancaster, Pa.].

Of 63 patients with acute meningococcic infection who were given antibacterial therapy with sulfadiazine and crystalline penicillin G combined with the administration of such agents as desoxycorticosterone acetate, cortisone, corticotropin, norepinephrine, epinephrine in oil, plasma albumin, and nikethamide (Coramine), 3 progressed from mild toxemia to severe shock; of these, 1 died as a direct result of collapse, with adrenal hemorrhage, and another died of massive gastrointestinal bleeding, with associated adrenal hemorrhage observed at autopsy.

The danger of acute collapse exists in every acute meningococcic infection. Successful treatment requires immediate institution of adequate antibacterial therapy, the most satisfactory being a combination of sulfonamide and penicillin by available routes, with anticipation of adrenocortical failure and overwhelming toxemia by immediate administration of hydrocortisone intravenously at the rate of 300 mg. per 24 hours to all patients with meningococcic meningitis and/or meningococcemia. Collapse did not occur in 18 patients who were treated in this manner after admission to hospital. With return of the temperature toward normal, cessation in formation of cutaneous lesions, return of consciousness, and stabilization of blood pressure, cortisone by oral or intramuscular route was substituted. The dose was then tapered gradually to prevent "rebound" phenomena and to exclude the possibility that exogenous steroid had masked significant adrenocortical destruction. Levarterenol therapy of patients in collapse (if it occurs before specific therapy has succeeded) has proved life-saving. Three additional patients admitted in collapse were saved in this way.

Hydrocortisone may be more desirable than cortisone because of its more direct metabolic effect. The essential step is to produce a level of circulating hormone so rapidly that it is available in event of any adrenocortical damage. In addition to this, the anti-inflammatory or antitoxic effect of this substance is also important in reducing the fatal potentialities of the disease. Once collapse has occurred, steroid-antibiotic therapy alone may be inadequate. Here the pressor amines find specific usefulness. With these, the patient admitted to treatment in shock may be sustained long enough to give the former specific drugs an adequate opportunity. The combination of levarterenol and steroids seems to be synergistic in reversing collapse.

Butazolidine Treatment in Thrombophlebitis. H. Høst. Tidsskr. norske lægefor. **77**:423-424 (May 15) 1957 (In Norwegian) [Oslo].

In department 8, Ullevål Hospital, 25 patients with thrombophlebitis were treated with Butazolidine. The response was good in 14 of the 17 cases of superficial thrombophlebitis. The impression is that in several of the 8 cases of deep thrombophlebitis the pain decreased as a result of the treatment. The average daily oral dose was 400-600 mg. for from 3 to 7 days. From 1 to 3 injections of 600 mg. were given intramuscularly at 2-or-3 day intervals. In some cases an intramuscular injection of 600 mg. was given the first day, followed by peroral treatment for a couple of days. The average duration of treatment was 5 days. Exanthem, which occurred in 2 patients, disappeared after 3 or 4 days. No other complications were observed. In superficial thrombophlebitis Butazolidine must be given for only a few days and under close supervision. Tendency to edema, ulcer, and allergic reactions are regarded as absolute contraindications.

BOOK REVIEWS

Clinical Cardiopulmonary Physiology. Sponsored by American College of Chest Physicians. Editorial Board: Burgess L. Gordon, M.D., and others. Cloth. $15.75. Pp. 759, with 248 illustrations. Grune and Stratton, Inc., 381 Fourth Ave., New York 16; 99 Great Russell St., London, W.C.1, England, 1957.

This monograph was planned to present normal cardiopulmonary mechanisms and their disturbances in diseases of the chest. The first chapters deal with normal physiology and are followed by chapters covering methods of examination and testing of cardiopulmonary functions. Succeeding chapters discuss the clinical physiology of impairment of the mechanics of respiration, obstructive phenomena of the respiratory tract, and mixing and dilution problems of the alveolar membrane, with adequate consideration of common and less common pulmonary diseases. The last chapters are devoted to the pathophysiology of cardiovascular diseases of the chest and include considerations of cor pulmonale, pulmonary edema, acquired valvular heart disease, congestive heart failure, congenital malformations of the heart, and impairment of the pulmonary circulation. While the emphasis throughout is on the physiology and pathophysiology of cardiopulmonary disease, etiology, pathogenesis, treatment, and prognosis are capably discussed.

The editorial committee of the College of Chest Physicians has succeeded in its aim of integrating basic data with the medical history and the physical examination and of combining the thinking of laboratory and bedside investigators of cardiopulmonary physiology and pathophysiology. As may be expected from multiple authorship, there is some unevenness in the quality of presentation. Thus, some parts of the chapter on the mechanics of breathing are difficult to follow and, contrariwise, the chapter on cor pulmonale is exceptionally lucid. There are a few errors. Hydrogen ion concentration and pH are confused in the discussion of respiratory acidosis on pages 10 and 11; hemoptysis is a sign rather than a symptom (page 61); the dosage but not the name of an antibiotic is given on page 458; and figures 13 to 18 on pages 604 to 608 follow the corresponding text by several pages. Occasional typographical errors were also noted. The monograph is recommended to physicians specializing in medicine and/or surgery of the chest and to interested general practitioners, internists, and general surgeons.

These book reviews have been prepared by competent authorities but do not represent the opinions of any medical or other organization unless specifically so stated.

Fundamental Marriage Counseling: A Catholic Viewpoint. By John R. Cavanagh, M.D. Special chapter by Alphonse H. Clemens, Ph.D., and others. Cloth. $8. Pp. 598, with illustrations. Bruce Publishing Company, 400 N. Broadway, Milwaukee 1, 1957.

This learned volume presents the substance of the thinking of four physicians, a judge in the United States District Court in the District of Columbia, several Catholic theologians and chaplains, a sociologist, and others. There is an extensive glossary and list of references. There is no mincing of words or phrases even when the discussion seems to be non-Catholic or against prevailing thought. The facts are set down scientifically and are taken from authoritative sources. The entire text is well documented. A few diagrams and tables are included to clarify the text. The chapter on heredity is of special interest. Heredity of acquired characters is denied, and the information on germ cells and body cells is up to date, accurate, and complete, thus providing a sort of refresher course for those who are not conversant with the latest concepts. Five sections are devoted to such matters as the biological aspects of marriage, its sexual aspects, fertility and marriage, and social and religious aspects of marriage. Concerning artificial insemination, it is emphasized that this subject is fraught with dangers and limitations. Contraception is fully discussed and disallowed, but the rhythm method may be permitted under special circumstances as regards the health of parents and socioeconomic conditions. In each case the moral law is paramount, and wise counsel must be obtained from the physician, priest, or prelate. Counseling in marriage should begin with the engaged couple seen separately and together. Nothing can be hidden; each party must know the exact mental and physical status of the other. After marriage, in the first months, the counselor may be called on to straighten out difficulties and dangers and thus make the marriage work. Such a counselor must be learned in civil and moral law and in science, medicine, sociology, and economics. This seems too much to ask, but if one is really in earnest and wishes to give the best possible advice to inquirers, he would do well to study this volume.

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QUERIES AND MINOR NOTES

RADIATION EXPOSURE DURING DENTAL EXAMINATION

To the Editor:—*Recently increasing concern has been shown regarding the hazards implied in the use of diagnostic as well as therapeutic x-rays. What is an opinion as to the x-ray dosage to which routine dental films expose the patient in the average office, and what significance, if any, is there to the repetition of these dosages at nearly every subsequent visit to the dentist (ordinarily recommended to be twice a year) over the average lifetime? Also, are there any figures as to the ratio, in these exposures, between the dose received by the head and neck and the dose received by the gonads in the two sexes? Would the latter dose be considered significant from a genetic standpoint?*

Alfred B. Mason, M.D., Concord, Calif.

Answer.—The amount of radiation received by the patient during a routine dental roentgenographic examination depends on a number of factors. The type of equipment, the speed of the film, the technique employed, and, for certain considerations, the physical size of the patient determine the amount of radiation necessary to obtain a satisfactory roentgenogram. Depending on these variables, the radiation may vary from the high figure of 315 r per 70 seconds for full-mouth examination as cited by Nolan and Patterson (*Radiology* **61**:625, 1953) to as low as 0.24 r per two-second exposure as reported by Yale and Goodman (*J. Am. Dent. A.* **54**:354, 1957). A reduction to one-thirtieth of the unfiltered dose was attained by interposing 0.375 mm. of copper and 0.5 mm. of aluminum in the primary beam of the conventional dental x-ray machine without affecting the excellence of the roentgenograms. Such use of proper filtration and other means of dose reduction are rapidly becoming standard practice in dental radiography.

A conventional dental roentgenographic examination consists of 14 films. The exposure to the gonads of the patient who receives one such examination annually from age 10 to age 30 would be approximately 0.3 r for the male and about 0.05 r for the female. The natural background radiation to which everyone is exposed is about 4 to 5 r for a 30-year period. All radiation is significant from a genetic standpoint. The amount of gonadal radiation received incidental to dental radiography is but a fraction of the natural background radiation, however, and would appear to be relatively insignificant.

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any medical or other organization unless specifically so stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

DETECTION OF BREAST CANCER

To the Editor:—*Is information available concerning the chemical product heptaldehyde for specific use in detection of cancer of the breast?*

L. F. Valentine, M.D., Santa Monica, Calif.

Answer.—Work is currently being done on temperature changes of the skin in cases of cancer of the breast (Lawson and others: *Canad. M. A. J.* **75**: 486, 1956). The substance referred to is not recommended for therapy; its use is strictly experimental, since present knowledge about its pharmacology is still quite inadequate.

STERILIZATION OF ELECTRIC RAZORS

To the Editor:—*The advisability and feasibility of using electric razors for shaving patients in a psychiatric hospital of about 1,100 patients are being considered. How great is the need for sterilizing an electric razor before use on each patient? What quick method of sterilization can be used which would not be too time consuming and yet would be adequate and safe from a bacteriological standpoint? Could this procedure be applied to all existing models of electric razors or to only a specific make?*

M.D., Massachusetts.

Answer.—The procedure of sterilization could be applied to all existing models of electric razors, inasmuch as the heads of most razors are easily removed and the combing and cutting surfaces are rendered accessible. However, unless there is an obvious "sore" or open lesion on the face of a patient, all that would be necessary would be to follow a specific routine of cleaning the razor with a brush, an antiseptic soap or detergent, and running water between each usage. Additional cold sterilization would offer no great advantage. However, in the presence of infection, the best and safest measures would include either boiling the razors in a lye water or, preferably, autoclaving them for 15 minutes under 15-to-20-lb. pressure. If untrained help are being used for this task, a simple procedure should be outlined and adhered to, so that the process of sterilization becomes standardized.

TREATMENT OF BLEEDING ESOPHAGEAL VARICES

To the Editor:—*The following suggestions have been made for the immediate treatment of hemorrhage due to esophageal varices: (a) spraying thrombin topically on the esophagus; (b) drinking thrombin; and (c) macerating Oxycel (cotton type) in solution and giving it orally. Is there any information or opinion on such treatment?*

Santo S. Torcivia, M.D., Milwaukee.

Answer.—The treatment of bleeding esophageal varices, assuming that the diagnosis is correct, entails, first, adequate supportive treatment and, second, control of the hemorrhage itself. Oral administration of thrombin solutions alone has not been particularly effective. Spontaneous remissions of hemorrhage are common in the less severe bleeding cases and contribute to the difficulties of evaluation of oral medications. Packing the esophagus with Oxycel around a gastric feeding tube is sometimes effective when the bleeding varice is in an appropriate position. The feeding tube supplies gastric drainage and prevents nausea and vomiting.

The use of the double balloon and triple lumen tube (Sengstaken) is more effective. The gastric balloon prevents the tamponade apparatus from slipping upward and provides pressure against the veins in the cardia. The long upper balloon provides pressure against the esophageal walls. The stomach is drained through the third lumen. Small amounts of thrombin solution may be swallowed, but its effectiveness is questionable. Severe hemorrhage uncontrolled by tamponade may necessitate thoracotomy and suture of the dilated veins.

Injection of a sclerosing solution into the varices during active bleeding has not been encouraging. Favorable results have been obtained when the injections have been made during nonbleeding periods; they have reduced the incidence and severity of hemorrhage. Best results are obtained by the surgical improvement of the hemodynamics of the portal circulation.

RABIES VACCINE

To the Editor:—*Is the new duck-embryo rabies vaccine adequately effective as a prophylactic treatment for patients who have been exposed to rabies?*

James L. Wells, M.D., Orangeburg, S. C.

Answer.—Although the A. M. A. Council on Drugs (formerly the Council on Pharmacy and Chemistry) has not yet made an evaluation of the duck-embryo rabies vaccine, information indicates that the preparation meets the potency requirements for rabies vaccine of the Division of Biologics Standards of the National Institutes of Health and that it has been reported (Peck and others: *J. Lab. & Clin. Med.* **45**:679, 1955; *J. A. M. A.* **162**:1373-1376 [Dec. 8] 1956) to possess satisfactory antigenic potency in human clinical trials. Hence, on the basis of presently available evidence, it would appear that the new vaccine is adequately effective as a prophylactic treatment for patients who have been exposed to rabies.

ISOLATION FOR INFECTIOUS HEPATITIS

To the Editor:—*What is the recommended time for isolation of a patient with infectious (epidemic) hepatitis?*

Milton Zimmerman, M.D., Primavera, Paraguay

Answer.—In answering this query, it is assumed that no virus diagnostic facilities are available. It is a common practice in hospitals in the United States not to isolate patients with infectious hepatitis. They are placed in semiprivate rooms, and in the disposal of the feces care is taken to make sure that a sanitary disposal is made. The World Health Organization's expert committee on hepatitis in its first report (World Health Organization Technical Report 26C, Series 62, Geneva, 1953, p. 16) has this to say: "The committee is of the opinion that direct contact is the commonest form of transmission. . . . In general, the precautions to be taken both by public health authorities and hospitals are those which are usually applied in respect to enteric fevers. . . . The stools are considered to be infectious for three weeks from the onset of illness. . . . A quarantine is not recommended for contact."

In the greater part of the published literature on this subject, there is agreement that it is impractical to isolate patients in civilian hospitals over a long period of time. However, in the military services the average period of hospitalization is between 50 and 60 days, and the patient is placed under intestinal isolation. It is generally felt that for greater safety it is desirable to maintain intestinal isolation for most, if not all, of the period of hospitalization. Quite often the period of intestinal isolation for three weeks is observed.

Dr. H. F. Eichenwald in "Viral Hepatitis: Clinical Laboratory and Public Health Aspects" (Publication 435, United States Department of Health, Education, and Welfare, Public Health Service, 1955, p. 15) says: "Hospitalized patients with acute hepatitis are usually placed under precautions similar to those of other enteric infections. . . . If the patient is cared for at home, strict precautions against infection are usually of limited value since other members of the family have had maximal exposure by the time diagnosis of the index cases has been made." Dr. F. M. Hanger feels that the duration of infectivity is difficult to determine but feels that the risk of infectivity terminates with the subsidence of acute symptoms.

In the opinion of this consultant it is difficult to control the transmission of infectious hepatitis because transmission, in many cases, is in the preicteric stage. The giving of gamma globulin to familial contacts is

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recognized as a good procedure, the dose consisting of 0.06 to 0.12 cc. per pound of body weight administered intramuscularly. The passive protection lasts six to eight weeks.

SIDE-EFFECTS OF NOVOBIOCIN

To the Editor:—*Skin reactions occurred in four of seven children who received novobiocin sodium (Albamycin) for 8 to 14 days for micrococcic (staphylococcic) infections. These infections had been resistant to other antibiotics but were sensitive to novobiocin or to a combination of novobiocin and penicillin. The one incidence of serum-sickness-type reaction (rash, fever, and adenopathy) did not subside when penicillin therapy was discontinued but did after the novobiocin was withdrawn. Given a choice of antibiotic agents, should novobiocin be considered a more or less toxic drug? Is it a frequent skin sensitizer? Have serum-sickness-type reactions been reported?*

Milton R. Aisenson, M.D., Flushing, N. Y.

Answer.—The use of novobiocin has been too limited thus far to permit one to evaluate fully all its potential side-effects. However, even in the earlier clinical trials it was noted that, despite its general low order of toxicity, a transient skin rash occurred as the commonest side-effect from the drug. Hence, it is probable that the reactions noted by the questioner were indeed due to the novobiocin rather than to the penicillin. A more serious reaction to novobiocin is leukopenia which occurs in about 1% of patients receiving the drug. At present, novobiocin may be considered as a relatively nontoxic drug which may be safely used, with proper safeguards, when there are good indications for its use in preference to other antibiotic agents, none of which are free from potentially serious side-effects.

WEARING OF GIRDLES

To the Editor:—*Are girdles harmful or harmless with respect to the abdominal musculature? Many women wear these garments just to improve their figures. Recently a group of physicians had an argument concerning this point and would appreciate an opinion from the standpoint of orthopedics and physical medicine.*

Robert F. Brennen, M.D., Fullerton, Pa.

Answer.—All voluntary muscle responds to long-continued physiological stress of work by hypertrophy to the point where it can accomplish the work with ease, and it assumes the length best suited for the action of the musculature involved. The rectus abdominus and the oblique muscles of the abdomen, when stimulated by ordinary usage and activity, will reflect this usage in "tone" and "resting" length. When continual support is provided to these muscles by whatever means, there is less work done, and, therefore, weaker musculature will result to that extent. It is doubtful, however, whether the usual garments worn by women provide sufficient support to substantially reduce the activity of the anterior abdominal muscles. Post partum, however, the situation is somewhat different in that a substantial change has occurred in the volume of incompressible abdominal contents, and it becomes necessary for the abdominal musculature to accommodate to this sudden change. Whether supports will accelerate this accommodation is debatable. It seems most likely that all the usual nonorthopedic supports provide their cosmetic results without appreciably influencing the status of the musculature.

HAND DISINFECTION AGAINST VIRUSES

To the Editor:—*The problem of using a hand disinfectant has arisen as an isolation procedure in caring for patients with viral hepatitis. What is the opinion in using mercuric chloride, pHisoHex, carbolic acid, or carbolic acid derivatives such as Lysol?*

J. F. Heinrich, M.D., Coldwater, Mich.

Answer.—No clear-cut evidence is available concerning various antiviral agents for disinfection of hands in caring for patients with viral hepatitis. It is not known how effective mercuric chloride, pHisoHex, carbolic acid, or Lysol may be. However, on the basis of the fact that dilute iodine preparations appear to be so highly effective in poliomyelitis disinfection, and since infectious hepatitis is also an intestinal virus disease, it would seem appropriate to use these preparations on the hands. For bedpans and similar utensils heat, such as autoclaving, is best.

DERMATITIS FROM SHOES

To the Editor:—*A patient has a contact dermatitis of both heels. Scrapings have been taken from her shoes, without any results with patch testing. If the dermatitis is not from a leather or dye, what substances should be used in patch testing this patient?*

Robert Forrest Brennen, M.D., Fullerton, Pa.

Answer.—The diagnosis of contact dermatitis due to shoes is difficult, as many dermatoses have clinical features closely resembling contact dermatitis due to footgear. Among these are atopic dermatitis, other forms of eczematoid dermatitis, dermatitis herpetiformis, so-called pustular psoriasis, and sometimes infections due to Trichophytons and other fungi. The most modern information concerning dermatitis due to shoes may perhaps be obtained from the article by Shatin and Reisch (*A. M. A. Arch. Dermat. & Syph.* **69**:651-666 [June] 1954). These authors report that a large majority of their cases of shoe dermatitis were attributable to the rubber (thermoplastic) material in the box toe. The first and simplest step in a case of suspected shoe dermatitis, therefore, would be to have

the patient for several months wear only shoes with a flannel box toe and without any materials derived from rubber. If this does not bring relief, the dermatologist must then tackle the formidable problems of dermatological differential diagnosis of foot dermatoses and, if necessary, proceed to search for causal allergens among the hundreds of different materials—dyes, mordants, tanning agents, polishes, etc.—which are present in socks, stockings, shoes, and other footgear.

FORMALDEHYDE DERMATITIS

To the Editor:—*Please supply information regarding cases of dermatitis of the hands produced by the product Celeron.*

Albert Rubin, M.D., Hartford, Conn.

Answer.—Celeron is a phenolic-formaldehyde resin. Dermatitis from this class of substances is chiefly associated with the formaldehyde component. Formaldehyde as such in its gaseous state, in the aqueous solution formalin, and as it appears in unpolymerized form in various resins and plastics is a ready sensitizer. Although it is linked with phenolics which may be harmful to the skin, formaldehyde nearly always proves to be the offender. Patch tests utilizing this form of synthetic resinous product, applied to persons uninvolved in the dermatitis, usually are negative; such tests, however, are undesirable because of their readiness in provoking sensitization. In the case of persons already involved in dermatitis from formaldehyde, there is frequently a severe reaction to patch testing. So active are some phenolic-formaldehyde resins that on occasion retention of some of the formaldehyde compounds on a worker's clothing is sufficient to sensitize members of his family at home. A mild case of formaldehyde dermatitis will disappear without treatment, once the person is removed from exposure. With or without treatment, the dermatitis is likely to persist or to recur if there is reexposure.

INCREASED SEDIMENTATION RATE

To the Editor:—*Are antibiotics indicated in patients in whom the only abnormal findings, clinical or laboratory, are increased sedimentation rates? There are no subjective complaints, and the physical examinations performed as a health audit are completely normal.*

Daniel Haffron, M.D., Elgin, Ill.

Answer.—The word "patients" is used in the query, but the statement implies that health audits were made of normal persons. It would be important to know if the sedimentation rates were slightly or greatly increased. There is no reason for antimicrobic therapy in a healthy person whose only abnormality is an increased rate of sedimentation of erythrocytes. Slight deviations in both directions occur transiently or permanently, probably dependent upon relative amounts of globulin and albumin in the blood of otherwise normal persons, just as the average body temperature and the number of erythrocytes and leukocytes vary within a normal range. The rate may be increased by anemia, menstruation, and pregnancy. It is said to be slightly faster in women than in men.

ANTIBIOTICS WITH VITAMIN C

To the Editor:—*Is there any evidence that vitamin C potentiates the effect of penicillin in treating streptococcic infections?*

Ralph L. Gorrell, M.D., Clarion, Iowa.

Answer.—There is no known evidence that vitamin C potentiates the effect of penicillin in the treatment of any infection. The proposal has been made that vitamin C might bring about more efficient absorption, and thus higher blood concentrations, of tetracycline. A study just completed of this combination shows no potentiating effect of vitamin C on tetracycline. There are several preparations that contain antibiotics and a variety of vitamins—the so-called "stress" formulae—and vitamin C is included in such preparations. There is no evidence that these vitamin combinations potentiate the activity of the antibiotic involved, although they may be of indirect value where there is an actual vitamin deficiency.

EATING GOOSE EGGS

To the Editor:—*Is there any scientific evidence that there is danger in eating goose eggs?*

M.D., New York.

Answer.—This consultant is unaware of any reports indicating that goose eggs are less nutritious than chicken eggs. Goose eggs tend to have a slightly higher fat content than do chicken eggs, but differences in amount of protein are not marked. The reason for the somewhat higher fat content is due in part to the lower water content. A chicken egg will run about 75% water, while the goose egg contains about 60% water. As far as is known, fresh eggs of almost any species of fowl, when properly prepared, can be considered a highly nutritious food and are not known to cause any definite diseases.

PERSISTENT PAIN AFTER HERNIA REPAIR

To the Editor:—*I was interested in the query in* The Journal *for June 22, 1957, page 942, regarding persistent pain after hernia repair. I have seen several of these patients, and, when there are no mental symptoms, the local injection into the painful area of 1 or 2 cc. of a 1% or 2% solution of quinine and urea hydrochloride will usually give relief from the pain in the postoperative scar. The injections are usually repeated once a week for five or six times. Procaine and Pyribenzamine have proved ineffective in my experience.*

Leigh F. Watson, M.D.
727 W. Seventh St.
Los Angeles 17.